

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: WA
APPLICATION YEAR: 2009

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FORM 2
MCH BUDGET DETAILS FOR FY 2009

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: WA

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 3,322,131 (37%)

B.Children with special health care needs:

\$ 3,681,281 (41%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 359,149 (4%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 8,978,733

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 7,573,626

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 107,000

5. OTHER FUNDS (Item 15e of SF 424)

\$ 1,600,000

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 7,573,626

\$ 9,280,626

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 18,259,359

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 838,000

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 7,575,522

j. Education: \$ 0

k. Other: \$ 0

Child Care IAR \$ 1,200,000

CP ITEIP \$ 9,100

Title XIX Fed \$ 2,000,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 11,722,622

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 29,981,981

FORM NOTES FOR FORM 2

OMCH received \$11,000 less for FFY08 than projected. Consequently the office might expect to see reportable variances in the coming year.

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: WA

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 9,364,663	\$ 8,817,546	\$ 9,613,745	\$ 9,544,877	\$ 9,556,668	\$ 9,158,038
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 7,573,626	\$ 13,775,713	\$ 6,500,000	\$ 16,576,995	\$ 7,573,626	\$ 17,548,149
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 93,528	\$ 89,000	\$ 197,748	\$ 0	\$ 55,983
5. Other Funds (Line5, Form 2)	\$ 0	\$ 2,495,079	\$ 984,626	\$ 2,546,653	\$ 2,500,000	\$ 1,607,628
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 16,938,289	\$ 25,181,866	\$ 17,187,371	\$ 28,866,273	\$ 19,630,294	\$ 28,369,798
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 8,765,000	\$ 11,666,081	\$ 9,194,000	\$ 12,897,148	\$ 13,230,895	\$ 13,741,963
9. Total (Line11, Form 2)	\$ 25,703,289	\$ 36,847,947	\$ 26,381,371	\$ 41,763,421	\$ 32,861,189	\$ 42,111,761
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: WA

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 9,151,423	\$ 8,693,717	\$ 9,151,423	\$ 0	\$ 8,978,733	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 7,573,626	\$ 18,339,774	\$ 7,573,626	\$ 0	\$ 7,573,626	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 65,000	\$ 41,071	\$ 50,000	\$ 0	\$ 107,000	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 2,500,000	\$ 2,071,052	\$ 1,600,000	\$ 0	\$ 1,600,000	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 19,290,049	\$ 29,145,614	\$ 18,375,049	\$ 0	\$ 18,259,359	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 10,542,054	\$ 12,914,568	\$ 9,960,000	\$ 0	\$ 11,722,622	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 29,832,103	\$ 42,060,182	\$ 28,335,049	\$ 0	\$ 29,981,981	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2007
Field Note:
Expenditures of State funds exceeded budgeted by over 200%. OMCH uses Health Service Account funds as part of the state match. All expended Health Service Account funds are not automatically eligible each year for state match; consequently, OMCH can only budget the Maintenance of Effort amount.
- 2. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2006
Field Note:
State funds expended reflect the Health Service Account Funds that are used for vaccines. Because of the nature of the funds and the current economic environment, OMCH will only be able to project the 1989 Maintenance of Effort.
- 3. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2007
Field Note:
A 37% decrease in projected expenditures occurred. Local funding is the least predictable when preparing a budget. The amount anticipated was not realized. Additionally timing differences accounted for the variance.
- 4. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2006
Field Note:
Local funds represent solicitation efforts by OMCH. This activity is unpredictable; therefore, for FFY06 the projection was that OMCH would not be able to obtain any sponsorship from private sources. The office was however able to solicit funds.
- 5. Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2007
Field Note:
OMCH saw a 17% reduction of spending over projections. This is misleading. When FFY06 expenditures are compared to FFY07, there is a 29% increase in spending. During this period, OMCH continued to maximize its ability to leverage Federal Financial Participation for Medicaid related activities. Timing difference between Federal Years and State years, mean that reductions in the ability to obtain federal match for state dollars will not be seen until next year. Analysis of the first six months of expenditure data for FFY08 indicate OMCH will be closer to budgeted estimates.
- 6. Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2006
Field Note:
The significant variance in Other funds is due to a change in the ability of OMCH to leverage Federal Financial Participation funds for its work with the Medicaid population (also a part of the MCH population).
- 7. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2007
Field Note:
Budget to expended for FFY07 indicates a 23% increase. In comparing actual expenditures across the two funding periods, there was a 6% decrease in spending. At the time the budget was estimated, OMCH faced the loss of 4 CDC grants and an estimated \$1million in CDC immunization funding. The 6% decrease matches the actual occurrence.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: WA

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,000,000	\$ 2,001,279	\$ 1,719,000	\$ 1,805,362	\$ 1,560,079	\$ 1,712,128
b. Infants < 1 year old	\$ 2,789,000	\$ 4,874,847	\$ 3,437,000	\$ 6,219,109	\$ 3,800,143	\$ 6,554,002
c. Children 1 to 22 years old	\$ 6,070,000	\$ 8,328,193	\$ 7,414,000	\$ 10,632,228	\$ 6,492,167	\$ 11,093,663
d. Children with Special Healthcare Needs	\$ 5,000,000	\$ 7,991,141	\$ 3,781,000	\$ 6,924,423	\$ 6,229,421	\$ 7,227,732
e. Others	\$ 200,000	\$ 391,029	\$ 86,000	\$ 617,742	\$ 304,823	\$ 640,708
f. Administration	\$ 879,289	\$ 1,595,377	\$ 750,371	\$ 2,667,409	\$ 1,243,661	\$ 1,141,565
g. SUBTOTAL	\$ 16,938,289	\$ 25,181,866	\$ 17,187,371	\$ 28,866,273	\$ 19,630,294	\$ 28,369,798
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 530,000		\$ 1,536,000		\$ 1,284,500	
b. SSDI	\$ 100,000		\$ 177,000		\$ 177,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 739,000		\$ 832,000		\$ 791,895	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 4,946,000		\$ 3,940,000		\$ 7,977,500	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Interagency DSHS	\$ 0		\$ 0		\$ 1,200,000	
Title XIX	\$ 0		\$ 1,500,000		\$ 1,800,000	
Childcare Grant & UT	\$ 0		\$ 1,209,000		\$ 0	
CLDF (93.575)	\$ 1,100,000		\$ 0		\$ 0	
Domestic Violence (93.926)	\$ 150,000		\$ 0		\$ 0	
Title XIX (93.778)	\$ 1,200,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 8,765,000		\$ 9,194,000		\$ 13,230,895	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: WA

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,167,581	\$ 1,654,486	\$ 1,108,941	\$ 0	\$ 1,037,000	\$ 0
b. Infants < 1 year old	\$ 4,022,080	\$ 7,777,543	\$ 4,245,011	\$ 0	\$ 4,873,000	\$ 0
c. Children 1 to 22 years old	\$ 7,094,408	\$ 10,543,388	\$ 7,185,339	\$ 0	\$ 6,605,000	\$ 0
d. Children with Special Healthcare Needs	\$ 5,848,937	\$ 6,999,920	\$ 4,681,384	\$ 0	\$ 4,385,000	\$ 0
e. Others	\$ 238,252	\$ 745,742	\$ 414,985	\$ 0	\$ 468,000	\$ 0
f. Administration	\$ 918,791	\$ 1,424,535	\$ 739,389	\$ 0	\$ 891,359	\$ 0
g. SUBTOTAL	\$ 19,290,049	\$ 29,145,614	\$ 18,375,049	\$ 0	\$ 18,259,359	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 740,315		\$ 806,000		\$ 838,000	
b. SSDI	\$ 83,333		\$ 104,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 789,677		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 6,228,729		\$ 6,250,000		\$ 7,575,522	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Child Care IAR	\$ 0		\$ 0		\$ 1,200,000	
CP ITEIP	\$ 0		\$ 0		\$ 9,100	
Title XIX Fed	\$ 0		\$ 0		\$ 2,000,000	
Healthy Childcare WA	\$ 0		\$ 1,200,000		\$ 0	
Title XIX	\$ 1,500,000		\$ 1,600,000		\$ 0	
Interagency DSHS	\$ 1,200,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 10,542,054		\$ 9,960,000		\$ 11,722,622	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2007
Field Note:
Comparison of Budgeted to Expended for FFY07 shows a 42% increase. Comparing FFY06 expenditures to FFY07 reveals a 3% decrease in expenditures for pregnant women. Budget data is skewed because of the restriction on projecting total HSA funding. By comparing percent spending over the total expenditures for FFY06 and FFY07, one finds that for each category there are insignificant differences. Thus, in FFY06 6.04% of total expenditures were for pregnant women as compared to 5% in FFY07.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2006
Field Note:
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2007
Field Note:
The very high variance -93% increase- is due to the effect of HSA actual expenditures on Infants. This funding skews the results. If one compares spending for Infants to the total expended, it is 25%. This amount is about 2% more than FFY06. The most likely explanation for the slight increase in expenditure is the increase in use/demand for hepatitis A vaccine because of the change in national recommendation and increases in the use of varicella vaccine due to changes in requirements for entering school. For FFY07 the actual change in expenditure was most likely due to the additional funding represented by increases to vaccine funding in the Health Service Account.
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2006
Field Note:
The variance \$(2,753,859) between budgeted and expended is due to the Health Service Account funds which are expended on vaccines for this age group. OMCH does not include most of this funding in its budget projections.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2007
Field Note:
The variance between budgeted and expended for children 1-22 is an increase of 49%. The increase is skewed because of HSA funding, which serves this population. In FFY07 5% less (only 34%) funding was expended on this group compared to the 39% expended in FFY06. During this period adolescent meningococcal and Tdap vaccines were introduced. One would expect an increase in expenditure. However, this increase could be reflected in the CSHCN population, who are at increased risk. The projection is that in the next 2 years, expenditures for infants will increase. Over time OMCH has seen relative stability in the spending for the groups served.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2006
Field Note:
The variance \$(4,601,498) between the budgeted and actual expenditures for children 1-22 is caused by the Health Service Account funds used for vaccines to children in this age group.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2007
Field Note:
Comparison of Budgeted versus Expended for FFY07 indicates a 54% increase in spending for CSHCN. This increase is due to H.S.A. funding which serves this population. For this group 29% of the total expenditures occurred, compared to about 26% in FFY06. The increase is possibly due to introduction of Tdap and meningococcal vaccines for adolescents. CSHCN are a high risk group.
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2006
Field Note:
The variance between budgeted and expended for this age group is due to Health Service Account funds used for vaccines. OMCH projections are for only a part of H.S.A. funds.
- 9. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2007
Field Note:
A 213% increase for Others results from budgeted versus expended. Comparing the expenditures for FFY06 and FFY07, a 16% increase occurred. However, as a percent of total expenditures for FFY07, it represents 2%, a slight reduction from the previous year. Explanation for the expenditure variance is most likely the reduction of funding at the local level and the need to direct resources to the MCH population. The percentage change is so slight that it could also be a reporting error.
- 10. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended

Row Name: All Others
Column Name: Expended
Year: 2006

Field Note:
The variance \$(335,885) for All Others is due primarily to expenditures by the Immunization Program on vaccines for adults. The balance would be comprised of women who may have received services and were of child bearing age, but not pregnant.

11. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2007

Field Note:
OMCH experienced a 55% increase in Administration regarding budgeted versus spending for FFY07. Compared with expenditures in FFY06, FFY07 expenditures were almost 25% more. However, Administrative expenditures amounted to only 5% of the total. The slight increase from 4.02% in the previous year was due to inflation, salary and benefit increases and other operations costs. These factors also account for the increase in percentage of expenditure to expenditure.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: WA

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,100,000	\$ 1,341,207	\$ 1,095,000	\$ 1,148,485	\$ 1,045,526	\$ 196,426
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,308,000	\$ 4,252,543	\$ 3,209,000	\$ 3,918,979	\$ 3,315,031	\$ 3,866,815
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,200,000	\$ 12,099,303	\$ 8,035,000	\$ 16,056,961	\$ 9,431,902	\$ 15,822,509
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 8,330,289	\$ 7,488,813	\$ 4,848,371	\$ 7,741,848	\$ 5,837,835	\$ 8,484,048
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 16,938,289	\$ 25,181,866	\$ 17,187,371	\$ 28,866,273	\$ 19,630,294	\$ 28,369,798

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: WA

TYPE OF SERVICE	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 743,000	\$ 402,832	\$ 127,225	\$ 0	\$ 232,000	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,535,000	\$ 3,779,034	\$ 2,504,527	\$ 0	\$ 2,045,000	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 11,006,000	\$ 15,918,268	\$ 10,248,200	\$ 0	\$ 10,234,000	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,006,049	\$ 9,045,480	\$ 5,495,097	\$ 0	\$ 5,748,359	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 19,290,049	\$ 29,145,614	\$ 18,375,049	\$ 0	\$ 18,259,359	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
Direct Services experienced a 46% decrease between budgeted and expended. 67% of expenditures were incurred by local health jurisdictions, whereas 53% were incurred by LHJ's the previous year. As funding reductions occur and impact the LHJ's, expenditures have been shifted to fund direct services. Of total expenditures for FFY06 & FFY07, the latter increased by a little over 1%. OMCH expects to see a reduction in Direct Service Expenditures in the coming year.
- 2. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2006
Field Note:
The variance of \$849,100 is most likely due to shifts of expenditures to Enabling Services, Population Based Services and Infrastructure Building. Budget reductions at the state level as well as at the local level required expenditures to be re-directed toward helping the MCH population access needed services, screening and outreach/education to help MCH groups make changes in health behaviors to improve health as well as protecting core capacity.
- 3. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
Enabling Services increased by 49% of budgeted to expended. In comparing actuals there was a 2% decrease between FFY06 and FFY07 expenditures. In FFY07 about 13% of total expenditures went to Enabling Services.
- 4. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2006
Field Note:
The variance of \$(551,784) is most likely due from Direct Service Expenditures (which had occurred in the past) being re-directed to other categories, Enabling Services being one of them. With reduction in funding, these direct services would have had to be supplied by other sources; therefore, expenditures would be focused on assisting MCH population groups in accessing those other services (e.g. Medicaid, WIC, locating insurance).
- 5. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
Population Based Services experienced a 45% increase in expended over budgeted. Vaccines funding from Health Service Account funds are classified in this category. Consequently, the majority of the increase is due to the vaccine funding. Comparing expenditures for Population Based Services to FFY06, there is little difference.
- 6. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2006
Field Note:
The \$(6,390,607) variance is due primarily to Health Service Account funds which pay for childhood immunizations. In budgeting for the MCHBG, WA State OMCH does not budget more than the 1989 Maintenance of Effort. Seeing the H.S.A. funds, which are used for match generally significantly exceed the budget estimate, a substantial variance is created.
- 7. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
At 81%, the Infrastructure variance was the largest increase for the pyramid. The budget was prepared in FFY05 in a time when OMCH knew that funding reductions were going to happen, but the impact to the pyramid was unknown. In comparing actual expenditures from FFY06 and FFY07, there is only a very slight difference. In FFY08 OMCH expects to see significant increases in activities related to infrastructure as a means of protecting capacity. The MCBG is the only federal funding source that provides the flexibility to devote funding to services that are not direct.
- 8. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2006
Field Note:
The variance of \$2,646,213 is due to a shift of expenditures for Direct Services, Enabling and Population Based Services to Infrastructure. This is most likely due to budget reductions at the state level and local level, MCHBG and other federal funding sources. Shifting funds to this category indicate efforts to protect core capacity.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: WA

Total Births by Occurrence: 83,257

Reporting Year: 2006

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	82,609	99.2	8	4	4	100
Congenital Hypothyroidism	82,609	99.2	83	45	45	100
Galactosemia	82,609	99.2	7	5	5	100
Sickle Cell Disease	82,609	99.2	10	9	9	100
Other Screening (Specify)						
Biotinidase Deficiency	82,609	99.2	3	3	3	100
Cystic Fibrosis	82,609	99.2	20	12	12	100
Homocystinuria	82,609	99.2	4	1	1	100
Congenital Adrenal Hyperplasia (CAH)	82,609	99.2	47	5	5	100
Maple Syrup Urine Disease (MSUD)	82,609	99.2	1	0	0	
Medium Chain AcylCo-A Dehydrogenase (MCAD)	82,609	99.2	5	3	3	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: BirthOccurence

Row Name: Total Births By Occurence

Column Name: Total Births By Occurence

Year: 2009

Field Note:

Number and Percentage of Newborns and Others Screened, Cased Confirmed, and Treated

These data come from the Department of Health Office of Newborn Screening database (updated monthly). The numerator is the number of live born infants born in Washington that were reported as screened by the Office of Newborn Screening. The denominator is the number of live births occurring in Washington. Infants born on U.S. Military Installations are excluded. For 2006, the total excludes ~ 3,327 military, 143 who died prior to screening, 27 who were screened in OR, and 45 refusals. The state currently screens for PKU, congenital hypothyroidism, galactosemia, sickle cell disease, congenital adrenal hyperplasia, MCAD deficiency, biotinidase, maple syrup urine disease (MSUD), Cystic Fybrois and homocystinuria.

Numerator==82609

Den== 86799-Exclusions (215) – Military (3,327) = 83257

Total screened = 99.2 %

When newborns are screened for the following conditions, they can show a positive result, however some of these may be false positives due to a variety of factors. The confirmed cases are those who are true positive results and have been verified as accurate.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: WA

Reporting Year: 2007

	TITLE V		PRIMARY SOURCES OF COVERAGE			
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	21,604	92.7		4.7	2.7	
Infants < 1 year old	86,845	47.2		50.1	2.7	
Children 1 to 22 years old	352,519	34.4	0.8	56.6	8.2	
Children with Special Healthcare Needs	11,775	78.9		5.8	15.4	
Others	8,306	59.1		31.9	9.1	
TOTAL	481,049					

FORM NOTES FOR FORM 7

Total Served: Total served is the unduplicated total number of individuals receiving a direct service from the Title V program by class of individual. The number of pregnant women served, children with special health care needs served, and others served comes from reporting of direct services by local health jurisdictions across the state. The number of infants < 1 year of age served is the number of resident live births. Families of these children are sent CHILD Profile health promotion materials. The number of children ages 1 to 22 served includes those children ages 1 to 6 that are sent CHILD Profile Health promotion materials through the mail. In order to eliminate the possibility of duplication with the number of children served by LHJs in a variety of service and referral programs that include health promotion, only 50% of the children reported served by LHJs are added to the number of children receiving CHILD Profile packets. On June 30, 2004, CHILD Profile Health Promotion completed statewide expansion with 84.8% of parents of children aged 0-6 years being sent the materials. In FFY 2005, Health Promotion materials were sent to parents of 83.6% of children aged birth to six years.

Primary Source of Coverage: These data were obtained through LHJs; Medicaid Management Information System (MMIS) eligibility files, Medical Assistance Administration (MAA), Washington State Department of Social and Health Services; First Steps Database, Washington Department of Social and Health Services; and the Washington State Office of Financial Management.

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: WA

Reporting Year: 2006

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	85,453	58,834	3,311	1,640	6,743	810	3,389	10,726
Title V Served	21,604	14,864	836	415	1,705	205	858	2,721
Eligible for Title XIX	40,317	23,837	2,245	1,305	1,828	523	1,963	8,616
INFANTS								
Total Infants in State	86,845	59,749	3,361	1,667	6,833	825	3,447	10,963
Title V Served	86,845	59,749	3,361	1,667	6,833	825	3,447	10,963
Eligible for Title XIX	40,875	24,182	2,297	1,328	1,847	535	2,003	8,683

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	68,147	15,692	1,614	12,801	84	398		2,539
Title V Served	17,238	3,966	408	3,236	21	102		642
Eligible for Title XIX	27,270	12,299	748	10,519	43	205		1,610
INFANTS								
Total Infants in State	69,365	15,840	1,659	12,914	85	404		2,569
Title V Served	65,963	15,068	1,578	12,284	81	388		2,445
Eligible for Title XIX	27,699	12,408	768	10,609	44	207		1,627

FORM NOTES FOR FORM 8

Total Deliveries in State:

The population-based total of all resident deliveries occurring in Washington State for 2006 was obtained from the First Steps Database (FSDB), Washington State Department of Social and Health Services, 2/25/08, using 2006 Washington State Birth Certificate Files. The FSDB number of deliveries is unduplicated by woman (in the case of multiple births) and includes fetal deaths.

Title V Served: No contractors are using Maternal and Child Health funds for direct prenatal care, delivery and postpartum services. This number represents the total number of pregnant women served by all LHJs in 2007, and was reported in Form 7.

Eligible for XIX: Those eligible for Title XIX were determined by the number of Medicaid deliveries, by race and ethnicity, reported in the First Steps Database, Washington State of Social and Health Services, 2/25/08. These data reflect Washington state residents.

Total Infants in State:

The population-based total of all infants (<1year old) by race in Washington State for 2006 was derived from the total number of births by residence in the state by maternal race from the Washington State Birth Certificate Files. The number of infants is computed by counting all live born infants (fetal deaths are excluded).

Title V Served: The total number of infants served under Title V is the number of infants receiving newborn screening in 2006, as reported on Form 6. These data were obtained from the Newborn Screening Program, Washington State Department of Health Public Health Laboratories.

Eligible for XIX: Those eligible for Title XIX were determined by the number of births reported by Medicaid status, maternal race, and maternal ethnicity in the First Steps Database, Washington State of Social and Health Services, 2/25/08.

FIELD LEVEL NOTES

1. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalHispanic
Row Name: Total Deliveries in State
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.
2. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_CentralAmerican
Row Name: Total Deliveries in State
Column Name: Central and South American
Year: 2009
Field Note:
N/A
3. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.
4. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2009
Field Note:
N/A
5. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.
6. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2009
Field Note:
N/A
7. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalHispanic
Row Name: Total Infants in State
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.
8. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_CentralAmerican
Row Name: Total Infants in State
Column Name: Central and South American
Year: 2009
Field Note:
N/A
9. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2009

Field Note:
Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

10. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2009
Field Note:
N/A

11. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

12. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2009
Field Note:
N/A

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: WA

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number	800-322-2588	800-322-2588	800-322-2588	800-322-2588	800-322-2588
2. State MCH Toll-Free "Hotline" Name	Family Health	Family Health	Family Health	Healthy Mothers Healthy Babies	Healthy Mothers Healthy Babies
3. Name of Contact Person for State MCH "Hotline"	Riley Peters	Candi Wines	Candi Wines	Vicki M. Bouvier	Vicki M. Bouvier
4. Contact Person's Telephone Number	(360) 236-3581	(360) 236-3459	(360) 236-3459	(360) 236-3459	(360) 236-3459
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	24,395	29,941	33,995

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: WA

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: hname_2

Row Name: State MCH toll-free hotline name

Column Name: FY

Year: 2007

Field Note:

Healthy Mothers, Healthy Babies (HMHB) changed its name to WithinReach and continues to operate numerous hotlines. The maternal and child health hotline is now called "Family Health."

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2009
[SEC. 506(A)(1)]
STATE: WA

1. State MCH Administration:
(max 2500 characters)

The Department of Health (DOH) administers the MCH Block Grant in the state of Washington. The Office of Maternal and Child Health (OMCH) is located in the Division of Community and Family Health, one of four divisions in DOH. There are seven sections in OMCH: Administration, Assessment, Child and Adolescent Health, Children with Special Health Care Needs, Genetic Services, Immunization Program CHILD Profile, and Maternal and Infant Health. These sections mainly focus on infrastructure building. Direct health care services, enabling services, and population-based services are provided by 35 local health jurisdictions and other agencies in Washington who receive block grant funds to support this work.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 8,978,733
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 7,573,626
5. Local MCH Funds (Line 4, Form 2)	\$ 107,000
6. Other Funds (Line 5, Form 2)	\$ 1,600,000
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 18,259,359

9. Most significant providers receiving MCH funds:

Local Health Jurisdictions
University of Washington
Neurodevelopmental Centers
Children's Hospital and Regional Medical Center

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	21,604
b. Infants < 1 year old	86,845
c. Children 1 to 22 years old	352,519
d. CSHCN	11,775
e. Others	8,306

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Determine family eligibility for financial and support services and coordinate through state and county CSHCN programs and medical homes. Purchase and distribute medically necessary formulas and low-protein foods for individuals with PKU and other metabolic disorders. Contract with LHJs for activities that increase awareness of, access to, and staff participation in medical homes within their communities. Provide limited diagnostic and treatment funds to fill gaps in services for children with the CSHCN section, including those for undocumented children with special needs. 4th DTaP Initiative to increase timely administration of the 4th DTaP dose and overall immunization rates. Fund and evaluate 3 – 5 sites for the teen pregnancy prevention project, which targets youth in high risk situations and incorporates community-based interventions with a family planning component. Expand use of abstinence-focused media literacy curriculum (TISAM) to 9 community-based sites and continue evaluation. Provide funding to all LHJs through MCH consolidated contracts to provide sealants or contract or coordinate services with other dental providers. Provide breastfeeding support and education to low income women on Medicaid through First Steps Maternity Support Services (MSS). Provide training for MSS providers in breastfeeding support and teaching techniques. Fund Regional Perinatal programs to coordinate and implement QI projects to improve pregnancy outcome statewide, including advocating delivery of VLBW babies at tertiary level perinatal facilities. Continue MSS provider referrals to prenatal care if clients are not already enrolled and support women to stay in prenatal care. Promote early prenatal care and MSS enrollment to African American women.

b. Population-Based Services:
(max 2500 characters)

Perform screening tests for all mandated newborn screening conditions on approximately 160,000 specimens. Follow-up to assure that appropriate diagnostic and clinical services are provided in response to screening test results. Analyze available data on children with special needs, including the NS-CSHCN, the NS-Children's Health and other Washington State data sources. Send parents age-specific reminders of the need for well-child checkups and immunizations via CHILD Profile Health Promotion. Conduct the 4th DTaP Initiative to increase timely administration of the 4th DTaP dose and overall immunization rates. Implement and monitor the abstinence-focused statewide public awareness campaign "No Sex No Problems" that targets youth ages 10 through 14 years and parents of young teens. Provide funding to all LHJs through MCH consolidated contracts to provide sealants or contract or coordinate services with other dental providers. Disseminate car seat, booster seat, and air bag safety information to parents statewide through CHILD Profile. Promote new booster law to LHJs and other partners. Contract with Children's Hospital and Regional Medical Center (CHRM) to promote universal newborn hearing screening in birthing hospitals. Contract with Washington Sensory Disabilities Services to provide early intervention training to county representatives. Disseminate nutrition and physical activity information to parents statewide through CHILD Profile. WithinReach refers callers with tobacco in their home to the Quit Line and sends tobacco cessation materials to callers as appropriate. Work with the Tobacco Program to implement their CDC funded Quit Line enhancement project that focuses on pregnant women and relapse prevention. Collaborate with DOH Office of EMS and Trauma to support Youth Suicide Prevention Program (YSPP). Encourage local health jurisdictions to incorporate youth safety activities in their contract activities. Promote use of a web-based tool to CDR teams that describes best practices and recommendations for suicide prevention. Published "Adolescent Needs Assessment" with data on risk factors for youth suicide. Provide outreach and education through WithinReach to pregnant women to increase early enrollment in prenatal services.

c. Infrastructure Building Services:
(max 2500 characters)

Maintain and improve data system linking newborn screening records with hearing screening. Provide ongoing analysis of available data on children with special needs. Ensure family representation in policy development through Medical Home Leadership Network and other contractors and partnerships. Maintain a network of CSHCN Coordinators

and interagency collaborations to provide forums for system improvement that include families as partners. Contract with Neurodevelopmental Centers (NDCs) to support community-based collaborations among NDCs, local health agencies, and other partners. Contract with the University of Washington, Adolescent Health Transition Project to provide transition information about federal, state, and community programs and services. Contract with LHJs and others to complete immunization AFIX visits to enrolled private provider sites. Partner with LHJs to conduct population-based surveys to assess immunization levels of two year old children. Contract with federally recognized tribes to help build capacity to assess immunization coverage rates. Work with partners to build capacity around comprehensive sex education. Promote and coordinate dental sealant programs. Conduct surveillance of motor vehicle crash deaths through Child Death Review (CDR) process and disseminate data. Transition to multi-state data base for CDR. Collect National Immunization Survey and Women, Infants, and Children (WIC) Client Information Management Systems (CIMS) data to measure breastfeeding rates. Develop and maintain an EHDDI tracking and surveillance system. Conduct annual newborn hearing screening survey with birthing hospitals. Facilitate a state-level meeting to develop a plan to improve utilization of the Medicaid Early Periodic Screening, Diagnostic, and Treatment program. Provide tobacco cessation intervention training to First Steps providers. Collect and reference PRAMS data to measure smoking rates. Share tobacco data with First Steps providers and perinatal providers. Maintain the Child Death Review (CDR) database and provide local teams with strategies for suicide prevention in the community. Assist in evaluating YSP using Healthy Youth survey data. Monitor delivery sites of very low birth weight babies and advocate for delivery of these infants at tertiary care facilities. Share prenatal care utilization data with MSS and perinatal providers.

12. The primary Title V Program contact person:

Name	Riley Peters, PhD
Title	Office Director
Address	PO Box 47835
City	Olympia
State	WA
Zip	98504-7835
Phone	360-236-3581
Fax	360-236-2323
Email	riley.peters@doh.wa.gov
Web	http://www.doh.wa.gov/cfh/mch/default.htm

13. The children with special health care needs (CSHCN) contact person:

Name	Maria Nardella
Title	CSHCN Section Manager
Address	PO Box 47880
City	Olympia
State	WA
Zip	98504-7880
Phone	360-236-3573
Fax	360-586-7868
Email	maria.nardella@doh.wa.gov
Web	http://www.doh.wa.gov/cfh/mch/default.htm

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: WA

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective	99.7	99.7	95	100	100
Annual Indicator	89.3	100.0	100.0	98.9	100.0
Numerator	50	88	99	91	101
Denominator	56	88	99	92	101

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data are provisional.

2. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: The Newborn Screening program expects to maintain 100% of screen positive newborns receiving timely follow up. Therefore, for the period of 2007-2012, the future objectives will be 100%.

The percent of newborns in the State with at least one screening for each of PKU, hypothyroidism, hemoglobinopathies, and congenital adrenal hyperplasia with appropriate referral. Over time laboratory cutoffs have been adjusted for some conditions to decrease the detection of infants with conditions that are NOT clinically significant and don't require treatment.

These data come from Form 6. The numerator is the number of live born infants born in Washington that were reported by the Office of Newborn Screening as screened and were a confirmed case that received timely follow up. The denominator is the number that were screened and were a confirmed case. In 2006, 99% of newborns received a newborn screening. The state currently screens for PKU, congenital hypothyroidism, galactosemia, sickle cell disease, congenital adrenal hyperplasia, MCAD deficiency, biotinidase, maple syrup urine disease (MSUD), homocystinuria and Cystic Fibrosis. See Form 6 for details on conditions.

3. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: The Newborn Screening program expects to maintain 100% of screen positive newborns receiving timely follow up. Therefore, for the period of 2006-2010, the future objectives will be 100%.

The percent of newborns in the State with at least one screening for each of PKU, hypothyroidism, hemoglobinopathies, and congenital adrenal hyperplasia with appropriate referral.

These data come from Form 6. The numerator is the number of live born infants born in Washington that were reported by the Office of Newborn Screening as screened and were a confirmed case that received treatment. The denominator is the number that were screened and were a confirmed case. Only preliminary data exists for the year 2005. The state currently screens for PKU, congenital hypothyroidism, galactosemia, sickle cell disease, congenital adrenal hyperplasia, MCAD deficiency, biotinidase, maple syrup urine disease (MSUD), and homocystinuria. See Form 6 for details on conditions.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	54.9	54.9	56	56.5	57
Annual Indicator	54.9	54.9	54.9	54.9	55.7
Numerator					
Denominator					

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	55.7	55.7	55.7	55.7	55.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey. Annual performance objective falls within the 95% confidence interval of the current rate.

2. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: The National Survey of CSHCN has only been conducted twice, preventing the ability to conduct meaningful trend analyses. Goals will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 0.5% was chosen through 2012.

3. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: The National Survey of CSHCN was only conducted once and new data won't be available until 2007, thus preventing the ability to conduct trend analyses. Trends will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 0.5% was chosen through 2010.

The source is the CHSCN Survey from the MCHB. No new data were available

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	53.6	53.6	53	53	53
Annual Indicator	53.6	53.6	53.6	53.6	48.3
Numerator					
Denominator					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

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Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	48.6	48.7	48.8	48.9	49
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03. A new annual performance objective of 48.5% was developed based on discussion with program staff. an annual increase of 0.1% was chosen through 2012.

2. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: The National Survey of CSHCN has only been conducted twice, preventing the ability to conduct meaningful trend analyses. Goals will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 0.1% was chosen through 2012.

3. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: The National Survey of CSHCN was only conducted once and new data won't be available until 2007, thus preventing the ability to conduct trend analyses. Trends will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 0.5% was chosen through 2010.

The source is the CHSCN Survey from the MCHB. No new data were available.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	64.4	64.4	63	64.5	66
Annual Indicator	64.4	64.4	64.4	64.4	65.3
Numerator					
Denominator					

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	67.5	69	70.5	72	73.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: The National Survey of CSHCN has only been conducted twice, preventing the ability to conduct meaningful trend analyses. Goals will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 1.5% was chosen through 2012.

3. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: The National Survey of CSHCN was only conducted once and new data won't be available until 2007, thus preventing the ability to conduct trend analyses. Trends will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors, policy changes in other state agencies, and program decisions about how these factors could influence future targets. An annual increase of 1.5% was chosen through 2010.

The source is the CHSCN Survey from the MCHB. No new data were available.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	74.1	74.1	74.6	75	76
Annual Indicator	74.1	74.1	74.1	74.1	85.4
Numerator					
Denominator					

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	85.5	85.6	85.7	85.8	85.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05. New annual performance objectives were established based on discussions with program staff. An annual increase of 0.1% was chosen through 2012.

2. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: The National Survey of CSHCN has only been conducted twice, preventing the ability to conduct meaningful trend analyses. Goals will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 0.1% was chosen through 2012.

3. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: The National Survey of CSHCN was only conducted once and new data won't be available until 2007, thus preventing the ability to conduct trend analyses. Trends will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 1% was chosen through 2010.

The source is the CHSCN Survey from the MCHB. No new data were available.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	5.8	5.8	8.3	9.8	11.3
Annual Indicator	5.8	5.8	5.8	5.8	47.3
Numerator					
Denominator					

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	47.4	47.5	47.6	47.7	47.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data. New annual performance objectives were established based on discussions with program staff. An annual increase of 0.1% was chosen through 2012.

2. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: The National Survey of CSHCN has only been conducted twice, preventing the ability to conduct meaningful trend analyses. Goals will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 1.5% was chosen through 2012.

3. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: The National Survey of CSHCN was only conducted once and new data won't be available until 2007, thus preventing the ability to conduct trend analyses. Trends will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 1.5% was chosen through 2010.

The source is the CHSCN Survey from the MCHB. No new data were available.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	75	76.4	77	78	79
Annual Indicator	75.3	77.7	77.8	77.6	77.6
Numerator	61,045	61,962	62,309	64,358	
Denominator	81,069	79,745	80,089	82,935	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	79	80	80	81	81
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2007

Field Note:

No data yet available.

2. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. Recent WA rates were as follows: 2003 = 75.3%, 2004 = 77.7%, and 2005 = 77.8%. Therefore, a one percent increase every two years was chosen.

Numerator data came from the National Immunization Survey 2006, Centers for Disease Control and Prevention (CDC). This estimate is based on the provider-verified responses for children who live in households with telephones. Statistical methods are used to adjust for children whose parents refuse to participate, those who live in households without telephones, or those whose immunization histories cannot be verified through their providers. The numerator is the estimated number of children with completed immunizations. Denominator data came from the Washington State Office of Financial Management.

3. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. Recent WA rates were as follows: 2003 = 75.3%, 2004 = 77.7%, and 2005 = 77.8%. The 75th percentile state was at 83.9%. Therefore, a one percent increase every two years was chosen.

Numerator data came from the National Immunization Survey 2005, Centers for Disease Control and Prevention (CDC). This estimate is based on the provider-verified responses for children who live in households with telephones. Statistical methods are used to adjust for children whose parents refuse to participate, those who live in households without telephones, or those whose immunization histories cannot be verified through their providers. The numerator is the estimated number of children with completed immunizations. Denominator data came from the Washington State Office of Financial Management.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	16.5	16.1	14	15.5	15.4
Annual Indicator	15.3	15.5	14.9	15.2	15.2
Numerator	1,976	2,006	1,966	2,062	
Denominator	128,868	129,120	132,042	135,315	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	15.3	15.2	15.1	15	14.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

Data not yet available.

2. **Section Number:** Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. In 2005, discussions took place regarding the flattening off of the rate at 14.0. The 75th percentile state was at 15%, which is where Washington is at. Therefore, a 0.1 annual decrease was chosen.

3. **Section Number:** Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. In 2005, discussions took place regarding the flattening of the rate to 14.0. The 75th percentile state was at 15%, which is where Washington is at. Therefore, a 0.1 annual decrease was chosen.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	49.3	49.6	55.5	55.5	50
Annual Indicator	55.5	55.5	50.4	50.4	50.4
Numerator	46,009	45,689	41,460	41,460	
Denominator	82,900	82,322	82,261	82,261	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

No data available

2. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: The Smile Survey is only conducted every 5 years, and therefore only two data points exist, preventing accurate trend analysis. The 75th percentile state was at 49.4%. The Healthy People 2010 goal of 50% was chosen as the future objective through 2012, since it is attainable and will be an improvement on the historical decrease of dental sealants.

The Washington State Smile Survey is conducted by the Department of Health every five years. During the most recent survey in 2005, thirty nine Head start or ECEAP sites and sixty-seven public elementary schools with a 2nd or 3rd grade were randomly selected across the state during the 2004-2005 school year. All preschool children enrolled and present on the day of the screening were included in the sample unless the parent returned a consent form specifically opting out of the sample. Elementary schools could choose to use either an active or passive consent process. Each child participating in the survey received an oral screening exam to determine the child's caries experience, treatment need and urgency, and dental sealants needs. The indicator of 50.4% is gathered from the 2005 SMILE Survey. Denominator data came from the Washington State Office of Financial Management. The numerator is derived from these data.

The Smile Survey was developed in Washington State has been adapted and implemented by several other states.

3. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2005**Field Note:**

PERFORMANCE OBJECTIVES: The Smile Survey is only conducted every 5 years, and therefore only two data indicators exist, preventing accurate trend analysis. The 75th percentile state was at 49.4%. The 2000 result of 55.5% was chosen as the future objective through 2010, since it is attainable and is still an improvement from the 2005 result.

The 2005 Washington State Smile Survey is conducted by the Department of Health every five years. During the most recent survey, thirty nine Head start or ECEAP sites and sixty-seven public elementary schools with a 2nd or 3rd grade were randomly selected across the state during the 2004-2005 school year. All preschool children enrolled and present on the day of the screening were included in the sample unless the parent returned a consent form specifically opting out of the sample. Elementary schools could choose to use either an active or passive consent process. Each child participating in the survey received an oral screening exam to determine the child's caries experience, treatment need and urgency, and dental sealants needs. The indicator of 50.4% is gathered from the 2005 SMILE Survey. Denominator data came from the Washington State Office of Financial Management. The numerator is derived from these data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	2.9	2.9	2.5	2.5	2.4
Annual Indicator	2.9	1.8	3.1	1.7	1.7
Numerator	37	23	39	21	
Denominator	1,256,446	1,257,310	1,259,643	1,270,785	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	2.4	2.3	2.3	2.3	2.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

2007 Data are not yet available.

2. **Section Number:** Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: Although there have been some fluctuations, over the past 12 years, an overall decrease has been observed, possibly due to use of seat belts, child safety seats, and airbags. Rates are very variable because of small numerators. Many years of data were used to assess the trends, therefore future targets may not appear to align with the most recent indicators. The 95% confidence interval of the rate in 2006 was (1.0, 2.5) which includes the performance objective (2.5), and we conclude the indicator and the objective are not statistically significantly different. Using a conservative approach, a 0.1 decrease every two years was chosen with a leveling off at 2.3.

3. **Section Number:** Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: Although there have been some fluctuations, over the past 12 years, an overall decrease has been observed. However, the 2004 rate looks like an anomaly. Rates are very volatile because trends are based on many years of data, therefore future targets may not appear to align with the most recent results. Using a conservative approach, a 0.1 decrease every two years was chosen. The continued benefit of seat belts, child safety seats, and airbags may contribute.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				52	53
Annual Indicator	57.2	52.0	55.5	58.8	58.8
Numerator	46,036	42,492	45,857	47,323	
Denominator	80,482	81,715	82,625	80,482	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	53	54	54	54	54
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

Data not yet available.

2. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

This measure changed in 2006, from breastfeeding at hospital discharge to six months or more after delivery. Rates are based on the National Immunization Survey, and are highly variable due to small sample size. The 95% confidence interval for 2006 was (54.2, 63.4) which includes the performance objective.

The source of this data (58.8%) is the 2006 National Immunization Survey (NIS) which is reported for children born in 2003. The numerator is based on the proportion of women who reported breastfeeding at six months or longer. The denominator was obtained from the live birth file, for Washington residents.

3. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. Although data at six months has only been available for the past two years, breastfeeding initiation data has been stable for years, as has breastfeeding at two months. Therefore, a one percent increase every two years has been chosen.

This measure has changed from previous years, from breastfeeding at hospital discharge to six months or more after pregnancy. The source of this data (52.0%) is the 2004 National Immunization Survey (NIS). The 2003 NIS results were 57.2%. The numerator is based on the proportion of women who reported breastfeeding at six months or longer. The denominator was obtained from the live birth file, for Washington residents.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	70	90	90	90	96.5
Annual Indicator	81.0	88.0	94.4	96.5	95.3
Numerator	59,619	69,958	76,241	77,792	80,067
Denominator	73,649	79,507	80,728	80,607	84,044

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	97	97.5	98	98.5	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data reported by the EHDDI program.

Data exclude births which occur in military hospitals, and those parents who refused a hearing screen (1%). Homebirths attended by midwives who do not chose to conduct a screen are also missing and therefore not included. Some births to out of state residents may be included if they are reported by hospitals in Washington State.

Data are provisional.

2. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. The national goal is to reach 95%, but since WA state has already attained that, and 100% is not a realistic goal, a 0.5% increase per year was chosen.

In CY 2006, 96.5% of infants born in Washington hospitals received newborn hearing screening.

3. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2005**Field Note:**

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. The national goal is to reach 95%, but since WA state has almost attained that, and 100% is not a realistic goal, a 0.5% increase per year was chosen.

In CY 2005, 94.4% of infants born in Washington hospitals received newborn hearing screening.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	6.3	6.2	5	5	4
Annual Indicator	4.5	6.0	6.0	4.4	4.4
Numerator	73,077	98,000	97,158	72,158	72,979
Denominator	1,623,925	1,638,000	1,619,803	1,639,962	1,658,605

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	4	4	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

No new data available for percent of uninsured kids. Rate same as reported last year.

2. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: The 2006 data reflects the continuing trend based on data from 1998-2006. Decreasing targets were chosen due to the new law going into effect July 2007, granting children health insurance. Phase 2 of this law goes into effect in late 2009.

The data source is the 2006 Washington State Population Survey, from the Washington State Office of Financial Management (OFM). The State Population Survey is a telephone-based survey that takes place every two years. Children include persons 0 through age 18. Insurance status was based on time of interview. Estimates are adjusted for missing income or insurance status data.

3. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

PERFORMANCE OBJECTIVES: The Washington State Population Survey is conducted every two years. Based on previous years' results, the future target of five percent was chosen through 2010.

The data source is the 2004 Washington State Population Survey, from the Washington State Office of Financial Management (OFM). The State Population Survey is a telephone-based survey that takes place every two years, therefore the 2004 percent was used to create 2005 estimates. Children include persons 0 through age 18. Insurance status was based on time of interview. Estimates are adjusted for missing income or insurance status data.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				29	29
Annual Indicator	23.1	29.3	29.2	28.9	29.4
Numerator	19,760	25,713	24,679	25,518	26,081
Denominator	85,632	87,693	84,520	88,312	88,709

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	29	29	29	29	29
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses and discussions with WIC staff resulted in future targets of 29% through the year 2012. Maintaining current rates would be an improvement, showing that more children were not becoming overweight.

The source of this data is the Washington State Department of Health, Women, Infants, and Children (WIC) program. The numerator is the number of overweight (BMI > 85th percentile) children, ages 2 to 5 years, who receive WIC services during CY 2007. The denominator is number of children, ages 2 to 5 years, who receive WIC services during the reporting year.

2. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses and discussions with WIC staff resulted in future targets of 29% through the year 2012. Maintaining current rates would be an improvement, showing that children were not getting more overweight.

The source of this data is the Washington State Department of Health, Women, Infants, and Children (WIC) program. The numerator is the number of children, ages 2 to 5 years, that receive WIC services during CY 2006. The denominator is number of children, ages 2 to 5 years, that receive WIC services during the reporting year.

3. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: Prevalence of overweight children is increasing both nationally and in Washington state. A variety of environmental, genetic, and lifestyle factors are influencing this trend. Only BMI's based on the 95th percentile and above are available for national and state comparison. From 2001-2003 Washington's rates for children on WIC were much lower than the national rate, but the last two years show higher rates than the nation. This may be due in part, to the fact that different states report on different populations. In Washington, the only data provided to CDC is for children on WIC. Other states may report on the entire population of children under 5. Importantly, data collection methodology changed in 2004, therefore the increase should be interpreted with caution since it is likely that much of the change is due to changes in data collection. Between the years 2004-2005, Washington State had a smaller percent increase than that seen in the nation.

For specifically the 85th percentile and above, the last two years of Washington State data have shown a leveling out of the BMI for children ages 2 to 5 years. Therefore, a leveling out of this rate is expected to continue, and the future objectives are an extenuation of the 2005 rate. As more data and information becomes available, this will be revisited.

The previous measure was removed (the percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program) and incorporated into Health System Capacity Indicator (HSCI) #7. The source of this data is the Washington State Department of Health, Women, Infants, and Children (WIC) program. The numerator is the number of children, ages 2 to 5 years, that receive WIC services during CY 2005. The denominator is number of children, ages 2 to 5 years, that receive WIC services during the reporting year.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				10	9.1
Annual Indicator		10.3	9.2	9.2	9.2
Numerator		8,417	7,602	7,990	
Denominator		81,715	82,625	86,845	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	9.1	9	9	8.9	8.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data not yet available.

2. Section Number: Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: WA State is already among the leading states in the nation. Looking at data trends, a 0.1% decrease every other year was chosen.

This indicator is based on the proportion of women reporting smoking in the last three months of pregnancy and is from the Pregnancy Risk Assessment Monitoring System (PRAMS) for 2006. The denominator are the number of women delivering babies during the year and are from the Washington State Department of Health Center for Health Statistics. The numerator is derived from this data.

State performance measure 2 (Percent of pregnant women abstaining from smoking) is being discontinued in the future because the information is already captured within this national performance measure.

3. Section Number: Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2005**Field Note:**

PERFORMANCE OBJECTIVES: Trend analyses based on the past six years have shown a decrease in women smoking in the third trimester of pregnancy. Washington has one of the lowest smoking rates in the nation, so a flattened rate is envisioned. Therefore, a 10% target was chosen through 2010.

The previous measure was removed (percent of low birth weight infants among all liveborn) and addressed under Health Status Indicator (HSI) #2A. The indicator is based on the proportion of women reporting smoking in the last three months of pregnancy during the calendar from the Pregnancy Risk Assessment Monitoring System (PRAMS) for 2003. The denominator are the number of women delivering babies during the calendar year and are from the Washington State Department of Health Center for Health Statistics. The numerator is derived from this data. Proportions have remained relatively stable over the previous few years: 11.8% (2002), 9.9% (2001), and 11.1% (2000).

Data were unavailable for 2004 and 2005, therefore data reflects the year 2003.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	8.5	8.4	8.9	8.9	8.8
Annual Indicator	9.6	10.2	9.1	8.5	8.5
Numerator	42	45	41	39	
Denominator	439,282	442,824	450,402	459,182	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	8.7	8.6	8.5	8.4	8.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

Data not yet available.

2. **Section Number:** Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses and interdepartmental discussions took place to choose future objectives. Rates are very variable and trends are based on many years of data, so future targets may not appear to align with the most recent results. The 95% confidence interval (6.1, 11.6) which includes the performance objective. Because of the small numbers, the rates are highly variable. A conservative annual decrease of 0.1in the rate/year was chosen.

The numerator for this rate is defined as the number deaths with ICD 10 Codes X60-X84 and Y87.0 and U03 for youth ages 15-19. The denominator is the estimated population for ages 15-19. The rate is per 100,000 population. The source for the data is the Washington Center for Health Statistics Death Certificate files (updated annually between September and October) and the Office of Financial Management, Intercensal and Postcensal Estimates of County Population by Age and Sex.

3. **Section Number:** Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses and interdepartmental discussions took place to choose future objectives. Rates are very volatile because trends are based on many years of data, therefore future targets may not appear to align with the most recent results. A conservative annual decrease of 0.1% was chosen.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective			85	86	87
Annual Indicator	81.7	86.1	87.8	85.9	
Numerator	599	683	604	709	
Denominator	733	793	688	825	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	86.1	86.2	86.2	86.3	86.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data not yet available

2. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: A combination of trend analyses and discussions were used to create the future objectives. The number of tertiary care hospitals has increased over time leading to improvements in this indicator, but is not expected to increase further. Therefore, an increase of 0.1 percent every two years was chosen.

The numerator is determined by the number of resident very low birth weight (VLBW) births that occur in-state delivered at a hospital providing perinatal intensive care (Level III). The denominator represents the total number of VLBW resident infants born in-state. The source for this data is the Washington Center for Health Statistics Birth Certificate Files

3. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2005**Field Note:**

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. The number of tertiary care hospitals has increased over time. Therefore, an increase of one percent every two years was chosen.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	84.2	85.1	83	80	81
Annual Indicator	80.8	79.6	79.2	78.5	78.5
Numerator	52,885	53,367	54,648	59,518	
Denominator	65,475	67,048	69,038	75,853	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	81	82	82	83	83
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

No data yet available.

2. Section Number: Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: A new birth certificate was implemented in 2003. The specificity of the question, which asks for the exact date of prenatal care initiation, has resulted in a high amount of missing data. In 2006, 12.7% of the data was missing for this measure.

Trend analyses based on data from 2003-2007 indicate a decrease in this measure. Additionally, there is a large disparity by Medicaid status. 68.4% of women receiving Medicaid received care beginning in the first trimester compared to 87.7% of women not receiving Medicaid. We are working closely with our partners in the Department of Social and Health Services to better understand the causes of both the disparity and decline in 1st trimester prenatal care and have jointly developed these targets.

Further, the National Center for Health Statistics (NCHS) indicates that, "the 2003 revision of the birth certificate introduced substantive changes in item wording and also to the sources of prenatal information....Accordingly, prenatal care data for the two revisions are not comparable." As a result, trend analysis crossing from 2002-2003 cannot be done. Trends can only be based on three years' worth of data (2003-2005).

The source for these data is the Washington Center for Health Statistics Birth Certificate Files (updated annually between September and October). The numerator is the number of resident live births with a reported first prenatal visit before 13 weeks gestation. The denominator is the total number of resident live births. Missing data are excluded.

3. Section Number: Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2005**Field Note:**

PERFORMANCE OBJECTIVES: A new birth certificate was implemented in 2003. The specificity of the question, which asks for the exact date of prenatal care initiation, has resulted in a high amount of missing data. In 2005, 16.1% of the data was missing for this measure. Because of the resulting high rate of missing data, it is difficult to ascertain whether the decrease in this performance measure is because of actual changes in practice or because of lack of complete reporting.

Further, the National Center for Health Statistics (NCHS) indicates that, "the 2003 revision of the birth certificate introduced substantive changes in item wording and also to the sources of prenatal information....Accordingly, prenatal care data for the two revisions are not comparable." As a result, trend analysis crossing from 2002-2003 cannot be done. Trends can only be based on three years' worth of data (2003-2005).

STATE PERFORMANCE MEASURE # 1

The percent of pregnancies (live births, fetal deaths, abortions) that are unintended.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	53.9	52.8		52	52
Annual Indicator	53.2	49.5	51.7	51.0	
Numerator	56,172	52,596	55,011	56,923	
Denominator	105,588	106,283	106,427	111,635	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	52	52	52	52	52
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

No data are yet available

2. Section Number: State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: The unintended pregnancy rate in Washington has been stable for several years despite decreases in the abortion rate and declines in teen pregnancy rates.. Given the stability of this measure, the development of other family planning measures which may have more information is being investigated.

This numerator for this measure is derived from [the estimated percentage of unintended pregnancies from Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey *(resident live births + reported resident abortions. The denominator for this measure is the number of resident live births + reported resident abortions. Birth and Abortion data are obtained from the Washington State Center for Health Care Statistics Birth, Fetal Death, and Abortion files for 2006. PRAMS 2006 data are used.

3. Section Number: State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2005**Field Note:**

PERFORMANCE OBJECTIVES: The unintended pregnancy rate in Washington has been very stable for several years. Given the stability of this measure, the development of other measures which may have more information is being investigated. Although the number of abortions has decreased, the percent of live births that are unintended has remained stable, keeping this indicator very stable over the past several years.

STATE PERFORMANCE MEASURE # 5

Promote the use of Bright Futures materials and principles by health, social service, and education providers in Washington State.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				70	85
Annual Indicator			40	65	80
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	95	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

PERFORMANCE OBJECTIVES: This new performance measure for the period of 2005-2009, is a process measure, which differs from the other measures, which are outcome-oriented. The work being accomplished is groundbreaking and harder to quantify. Therefore, it will be assessed through benchmarks (statements describing the work that has been conducted each year). Since there are 20 benchmarks for the five year period, each benchmark is equivalent to five percentage points; at the end of the five years, 100% of the benchmarks seek to be attained. Each benchmark relates to the usage of Bright Futures materials and principles by providers in Washington State. The following new benchmarks have been attained.

Year 3

Conduct trainings or develop curricula/materials according to needs identified in assessment.

Evaluate Bright Futures oral health trainings.

Disseminate findings from Foster Parent Mental Health project

2. Section Number: State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: This new performance measure for the period of 2005-2009, is a process measure, which differs from the other measures, which are outcome-oriented. The work being accomplished is groundbreaking and harder to quantify. Therefore, it will be assessed through benchmarks (statements describing the work that has been conducted each year). Since there are 20 benchmarks for the five year period, each benchmark is equivalent to five percentage points; at the end of the five years, 100% of the benchmarks seek to be attained. Each benchmark relates to the usage of Bright Futures materials and principles by providers in Washington State. The following benchmarks have been attained.

3. Section Number: State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2005**Field Note:**

PERFORMANCE OBJECTIVES: This new performance measure for the period of 2005-2009, is a process measure, which differs from the other measures, which are outcome-oriented. The work being accomplished is groundbreaking and harder to quantify. Therefore, it will be assessed through benchmarks (statements describing the work that has been conducted each year). Since there are 20 benchmarks for the five year period, each benchmark is equivalent to five percentage points; at the end of the five years, 100% of the benchmarks seek to be attained. Each benchmark relates to the usage of Bright Futures materials and principles by providers in Washington State. The following benchmarks have been attained, including a few from Year 2 that were accomplished ahead of schedule.

Year 1

1. Form internal (DOH) Bright Futures working/advisory group

• Presented Bright Futures to MIH, CAH, CSHCN. Recruited one person from each section to be the Bright Futures point person.

2. Plan for establishing inter-agency Bright Futures group—including for example schools or OSPI, American Academy of Pediatrics national and state chapters, family practitioners, Medicaid (DSHS), health plans

• All of the above entities have been present at Bright Futures presentations, trainings, or other meetings.

3. Provide support and technical assistance to groups of professionals recently trained in use of Bright Futures: the school nurse corps supervisors, early childhood providers participating in Bright Futures in Early Childhood

• Contact continues with trained group of SNC nurses and the idea of training teams to reach others with less access is being explored.

• The Bright Futures in Early Childhood Project continues until June 30, 2006; a product and plan is being developed to disseminate lessons learned to other child care providers and health staff.

4. Develop plan for assessment of current use of Bright Futures by health, social service and education providers in the state

• Surveys have been done of school nurses, child care health consultants, and early childhood education staff, on if and how they use BF; level of awareness.

• Beginning evaluation of survey results.

5. Develop plan for using Bright Futures Oral Health in statewide trainings

• Presented Bright Futures as a tool for oral health at annual meeting of local health jurisdiction oral health coordinators.

• Continued coordination and dialogue between state oral health staff and Bright Futures staff and project participants.

6. Begin implementation of the grant-funded project to train foster families in mental health issues using Bright Futures

*Curriculum designed and training begun; to continue through spring 2006.

Year 2

7. Disseminate findings/successes/lessons learned from Bright Futures in Early Childhood Project

*Gathered preliminary evaluation data.

8. Begin assessment of the current use of Bright Futures by Washington State providers

*Surveys completed in year 1 of allied health providers.

STATE PERFORMANCE MEASURE # 6

Percent of children 6-8 years old with dental caries experience in primary and permanent teeth.

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				52.2	58
Annual Indicator	55.6	55.6	59.0	59.0	59.0
Numerator	136,477	136,345	145,873	147,801	147,801
Denominator	245,462	245,224	247,243	250,511	250,511
Is the Data Provisional or Final?				Final	Final

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	57	56	55	54	53
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

PERFORMANCE OBJECTIVES: There are only two years of data available since the Smile Survey is administered every five years. As more data become available, additional analyses will be conducted to determine appropriate future objectives. A gradual decrease of 1% per year through 2012 was chosen.

The source of the data is the 2005 Washington State SMILE Survey, therefore there are no new data for 2007. The indicator reflects the proportion of 6-8 year olds with dental caries experience in primary and permanent teeth. The source of the denominator data is the Office of Financial Management Population Forecast. The numerator is calculated from both of these.

2. Section Number: State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: There are only two years of data available since the Smile Survey is administered every five years. As more data becomes available, additional analyses will be conducted to determine appropriate future objectives. A gradual decrease of 1% per year through 2011 was chosen.

The source of the data is the 2005 Washington State SMILE Survey, therefore there is no new data for 2006. The indicator reflects the proportion of 6-8 year olds with dental caries experience in primary and permanent teeth. The source of the denominator data is the Office of Financial Management Population Forecast. The numerator is calculated from both of these.

3. Section Number: State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2005**Field Note:**

PERFORMANCE OBJECTIVES: This is a new performance measure, and there are only two years of data available since the Smile Survey is administered every five years. As more data becomes available, additional analyses will be conducted to determine appropriate future objectives.

The source of the data is the 2005 Washington State SMILE Survey. The indicator reflects the proportion of 6-8 year olds with dental caries experience in primary and permanent teeth. The source of the denominator data is the Office of Financial Management Population Forecast. The numerator is calculated from both of these.

STATE PERFORMANCE MEASURE # 7

Strengthen statewide system capacity to promote health, safety, and school readiness of children birth to kindergarten entry.

Annual Objective and Performance Data				
	2003	2004	2005	2006
Annual Performance Objective				54
Annual Indicator			25.2	48.6
Numerator				
Denominator				
Is the Data Provisional or Final?				Final

Annual Objective and Performance Data				
	2008	2009	2010	2011
Annual Performance Objective	97.2	100	100	100
Annual Indicator				
Numerator				
Denominator				

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is a process measure (work being accomplished is groundbreaking & harder to quantify), w/ 28 benchmarks (statements describing annual work), weighted ~3.6% each with the goal of 100% attainment by 2010.

1. Provide TA/training to CCHCs regarding Kids Matter (ECCS) & implementation activities.

- KM Full Report & web resources shared with 35 LHJs through CCHC listserv

- Shared KM 'Healthy Children Learn' document to 35 LHJs & statewide CCHC group, clarifying health role in EL & school readiness

- KM documents provided to state CCHC, providing TA/consultation to 35 LHJs.

- KM Framework (KMF) shared in 3 Regional CCHC Mtgs (39 counties)

2. Identify existing OMCH data to KM indicators & outcomes.

- Utilized MCH data report & KMF to supplement each other

- Identifying data within OMCH priorities that support 5 core components of KMF

3. Identify system level indicators for components of KM.

- Meeting with KM/ECCS Steering Committee discussed data development specific to EL & expectations of new Dept of Early Learning (EL)

- Indicators assessed through 2nd annual Awareness & Utilization Survey 1/07, to ~900 EL stakeholders (>50% return rate).

- Participated in "Redesign Workgroup" for the revision of the Washington EL & Development Benchmarks (identifies knowledge & behaviors 0-5 yrs) – critical to kindergarten assessment outcomes.

4. Communicate health & safety in school readiness efforts based on KM system level outcomes across OMCH.

- Presented KMF & EL Update all sections of OMCH

- Presented KMF & EL Update to Olympic MCH Regional Team & Southwest MCH Regional Team

- Shared results of Awareness & Utilization Survey & examples of usability

- Drafted 'Layer Cake Approach' tool, to provide options on utilizing KM

5. Link KM indicators & outcomes to OMCH 9 priorities.

- Identified the 6 OMCH Priorities that link to system, parent/caregiver, & child level outcomes identified in KMF

- KMF component areas represent work supporting Priority # 1, 3, 5, 6, 8, & 9

6. Provide TA & training to users of web-based data collection system (HCCWDC) for HCCW

- HCCW consultants have been exposed to KM & other Washington initiatives re: school readiness/health & school safety

- No electronic training currently being developed. Possibility in future using HCCW database.

7. Identify key HCCW policy messages & dissemination strategies

- Policy messages--health must be included in all major EL initiatives.

- HCCW to ensure health & safety standards part of quality rating improvement system for child care programs.

- Dissemination strategies: traditional & new trainings of CCHC's; policy updates via meetings/email/listserves

8. Create & disseminate annual report for HCCW

- Annual report being prepared, to indicate linkages between HCCW & ECCS.

- Annual report format being re-evaluated to present more comprehensive work of HCCW system.

2. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

This is a process measure (work being accomplished is groundbreaking & harder to quantify), w/ 28 benchmarks (statements describing annual work), weighted ~3.6% each with the goal of 100% attainment by 2010.

1

3. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2005**Field Note:**

See SPM 5 for more details about benchmarks/process measures.

Benchmarks: Year 1

1. Identify state OMCH activities to promote health, safety, and school readiness of children 0-5 years old.
 - Created Inventory of EC services/programs across OMCH regarding health and school readiness
 - Developed matrix of EC activities within OMCH
2. Provide training, technical assistance (TA) and consultation to Child Care Health Consultants (CCHCs) to raise awareness regarding health, safety, and school readiness.
 - A full-time consultant is available to the child care health consultants to provide training and technical assistance.
 - Quarterly regional meetings regarding consultation for infants/toddlers in child care include CCHCs, licensors, health specialists, others involved in child care and training for providers.
 - CCHCs are connected to information and resources from the State Health and Safety Advisory Committee, and are offered a bi-annual conference on early childhood care.
3. Increase awareness and use of Early Childhood Comprehensive Systems (ECCS) plan (Kids Matter (KM)) by state & local partners.
 - Completed Awareness and Evaluation Survey of Kids Matter to document baseline data regarding awareness and utilization of KM plan among early childhood stakeholders. See Stakeholder Survey Report and Methodological Report March 2006.
4. Track OMCH school readiness efforts based on KM plan.
 - CHILD Profile integration of Early Learning Benchmarks into CHILD Profile Development Posters and Getting School Ready booklet integrated into mailings.
 - DOH Medical Home Strike Team integrating Kids Matter focus on Medical Home in children 0-5 years.
 - CSHCN, Medical Home Grant and Strategic Planning Process utilizing KM Plan.
 - PHND-EC Logic Model development regarding PH services for children and families utilizing KM Plan.
 - Infant Mental Health Strategic Planning efforts utilizing KM Plan.
 - Mental Health Transformation Grant referencing KM Plan regarding prevention and children's mental health.
5. Facilitate OMCH Early Childhood Workgroup to address & increase integration regarding health, safety, and school readiness of children 0-5.
 - Convened representatives from across sections in OMCH monthly to share integration opportunities between and among OMCH and Kids Matter and model reciprocal activities.
 - Determining the need to formalize workgroup with appropriate charter.
 - 'Integration Continuum', by Konrad reference document for integration opportunities identified as reference for work across OMCH & school readiness.
6. Add representatives of Healthy Child Care Washington (HCCW) to the State Joint Early Childhood Advisory Committee of KM.
 - HCCW will be represented through the ECCS Lead and CAH-Early Childhood Team Lead.
7. Expand CCHC and CHILD Profile activities into HCCW system.
 - Conducted trainings for CCHCs in CHILD Profile registry at limited number of pilot sites; examining feasibility (system and fiscal) of expanded use.

STATE PERFORMANCE MEASURE # 8

Use an established framework for ensuring quality screening, identification, intervention, and care coordination for women, infants, children, adolescents, and their families.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2007

Field Note:

No data available as this is a new State Performance Measure.

STATE PERFORMANCE MEASURE # 9

Develop an outcome measure for the Washington State maternal and child health priority of Optimal Mental Health and Healthy Relationships.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2007

Field Note:

No data are available. This is a new State Performance Measure.

STATE PERFORMANCE MEASURE # 10

Identify health disparities, develop and implement interventions to address disparities, and evaluate the effectiveness of interventions in achieving health equity.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2007

Field Note:

No data are available. This is a new State Performance Measure.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: WA

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	5.3	5.2	5.5	5.5	5.3
Annual Indicator	5.6	5.5	5.1	4.7	4.7
Numerator	447	451	420	406	
Denominator	80,482	81,715	82,625	86,845	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	5	5	4.9	4.8	4.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

Data not yet available

2. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states was used to create the future objectives.

Infant mortality rate is defined as the (number of deaths to children less than one-year old divided by the total number of live births) *1000. The source for these data is Mortality Table F6 reported in the Washington State Vital Statistics Report, 2005, from linked Birth and Death Certificate Files.

3. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states was used to create the future objectives. The 75th percentile was 5.4, and given previous years' results, 5.5 was chosen as the objective through 2010.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	2	2	1.6	1.6	1.9
Annual Indicator	1.7	2.1	2.0	1.6	1.6
Numerator	8.5	10.4	9.3	6.5	
Denominator	4.9	4.9	4.7	4	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	1.6	1.6	1.5	1.5	1.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Data not yet available

2. Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses based on the past twelve years have shown an overall gradual decrease. Therefore, a gradual decrease of 0.1% every four years was chosen through 2011.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003.

The ratio is represented by the mortality rate for black infants/mortality rate for white infants by the definition given in (1). The source for these data is Mortality Table F6 reported in the Washington State Vital Statistics Report, 2005, from linked Birth and Death Certificate Files. The race of the mother is used.

3. Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses based on the past twelve years have shown an overall gradual decrease. Therefore, a future objective of 1.6 was chosen through 2010.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	3.2	3.2	3.6	3.6	3.4
Annual Indicator	3.8	3.3	3.0	3.0	3
Numerator	302	273	252	260	
Denominator	80,482	81,715	82,625	86,845	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	3.4	3.3	3.3	3.3	3.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data not yet available

2. Section Number: Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: While rates are highly variable, trend analyses based on the past eight years resulted in future objectives with a gradual 0.1 decrease through the year 2012.

The rate is determined by (the number of resident infant deaths occurring within the first 27 days of life divided by the total number resident live births)*1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2006, from linked Birth and Death Certificate Files.

3. Section Number: Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2005**Field Note:**

PERFORMANCE OBJECTIVES: While rates are highly variable, trend analyses based on the past eight years resulted in future objectives with a gradual 0.1 decrease through the year 2010.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	2	2	1.9	1.9	1.9
Annual Indicator	1.8	2.2	2.0	1.9	1.9
Numerator	145	178	168	165	
Denominator	80,482	81,715	82,625	86,845	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	1.9	1.9	1.8	1.8	1.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data not yet available.

2. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: While rates are highly variable, trend analyses based on the past seven years have resulted in a future objective of 1.8 through 2012.

This rate is determined by (The number of deaths occurring to resident infants 28-364 days of age divided by the total number of resident live births)*1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2005, from linked Birth and Death Certificate Files.

3. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2005**Field Note:**

PERFORMANCE OBJECTIVES: While rates are highly variable, trend analyses based on the past seven years have resulted in a future objective of 1.8 through 2010.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	8.3	8.2	8.4	8.3	8.3
Annual Indicator	9.1	7.8	8.5	8.1	8.1
Numerator	734	639	703	706	
Denominator	80,980	81,715	82,625	86,845	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	8.3	8.3	8.3	8.2	8.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

Data not yet available.

2. **Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses based on the past 14 years have shown a very gradual decrease, resulting in a future objective of 8.2 through 2012.

The rate is determined by [The number of resident fetal deaths > 20 weeks gestation + resident infant deaths within the first 6 days of life divided by the total resident live births + Fetal deaths]*1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2005, from linked Birth and Death Certificate Files.

3. **Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses based on the past 14 years have shown a very gradual decrease, resulting in a future objective of 8.2 through 2010.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	20.6	20.2	17	18.4	16.7
Annual Indicator	18.5	15.0	15.3	13.8	13.8
Numerator	218	176	180	165	
Denominator	1,177,891	1,176,838	1,178,699	1,195,874	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	15.3	15	14.7	14.4	14.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

Data not yet available.

2. **Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses, input from the State Injury Program and comparisons to other states were used to create the future objectives, resulting in a 0.3 decrease in the rate every year through 2012.

The source for this data is the Washington Center for Health Statistics Death Certificate Files (updated annually between September and October) and reported in Washington State Vital Statistics. The rate reflects deaths to children ages 1-14 from all causes divided by the population ages 1-14. The population figures are from Office of Financial Management.

3. **Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2005

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. The data for 2004 looks like an outlier, and given that the 75th percentile was 18.0, a 0.1 percent decrease every two years was chosen.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: WA

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 18

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: WA FY: 2009

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Adequate nutrition and physical activity.
2. Lifestyles free of substance use and addiction.
3. Optimal mental health and healthy relationships.
4. Health Equity.
5. Safe and healthy communities.
6. Healthy physical growth and cognitive development.
7. Sexual health and sexual responsibility.
8. Access to preventive and treatment services.
9. Quality screening, identification, intervention, and care coordination.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: WA

APPLICATION YEAR: 2009

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Funding to support a statewide conference for local CSHCN Coordinators.	A conference will allow participants to finish a logic model and develop measures and outcomes to be used statewide. Data gathered would be used at the local and state levels to ensure ongoing public health support for this population.	TBD
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>2</u>	Funds to provide 2-day "Effective Presentations" trainings for an additional 50 parents in the state.	Assistance is needed to increase opportunities to foster family leadership development.	TBD
3.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Funding for training and technical assistance to family organizations.	Funding is needed to to increase organizations' capacity to survey and assess quality of life issues.	TBD
4.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Funding for training and technical assistance on qualitative research methods and analysis	Programs would like to use qualitative methods to complement quantitative methods in planning program evaluations and program-specific needs assessments. Most of the staff in OMCH Assessment have expertise solely in quantitative methods.	TBD
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the			

	performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: WA

SP # 1

PERFORMANCE MEASURE:

The percent of pregnancies (live births, fetal deaths, abortions) that are unintended.

STATUS:

Active

GOAL

Reduce the number of unplanned pregnancies.

DEFINITION

THIS SPM IS A CONTINUATION FROM SPM 1 IN THE 2000-2004 NEEDS ASSESSMENT.

Numerator:

Numerator: Estimate of all unintended births from PRAMS data, similar proportion of fetal deaths, plus all abortions.

Denominator:

Denominator: All live births and fetal deaths plus abortions.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Healthy People 2010 Objective 9-1

Related to Objective 9-1: Increase the proportion of pregnancies that are intended to 70%. (Baseline 51% of all pregnancies among females 15-44 years were intended in 1995)

DATA SOURCES AND DATA ISSUES

PRAMS and WA State Center for Health Statistics abortion data files. This estimate assumes all abortions are the result of unintended pregnancy and that the proportion of fetal deaths which are unintended is the same as the proportion of live births. A small percentage of abortions will be due to fetal or maternal condition and not the result of an unintended pregnancy.

SIGNIFICANCE

Unintended pregnancy is correlated with late or inadequate prenatal care, low birth weight, neonatal death, domestic violence, child abuse, and exposure of the fetus to harmful substances like tobacco, alcohol, and other drugs. It is associated with social and economic co-factors such as economic hardship, marital dissolution, failure to achieve educational goals, and spousal abuse. This is a measure of family planning.

SP # 5

PERFORMANCE MEASURE:

Promote the use of Bright Futures materials and principles by health, social service, and education providers in Washington State.

STATUS:

Active

GOAL

Promote the use of Bright Futures materials and principles by health, social service, and education providers in Washington State.

DEFINITION

Description of Bright Futures: Bright Futures is a vision, a philosophy, a set of expert guidelines, and a practical developmental approach to providing health supervision for children of all ages, from birth through adolescence. Bright Futures is endorsed by the American Academy of Pediatrics as an example of "best practices" in health supervision of children and youth. Modules and guidelines also exist on the subjects of mental health, oral health, physical activity, and nutrition. Efforts to promote the use of Bright Futures involve increasing awareness in and outside of DOH, training specific groups of professionals or potential users (like parents), and providing continuing support for those already trained while reaching out to new groups. Assessment of needs, evaluation of interventions, and dissemination of knowledge and practice are integral parts of the outreach and training

Numerator:

The number of performance measure benchmarks Washington has reached towards assessing the usage of Bright Futures materials and principles.

Denominator:

Total number of benchmarks. Please see Field Notes.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data related focus areas will include: Data will be obtained from trainings provided and programs given by DOH or its contractors. An assessment of use of Bright Futures by health professionals will provide a baseline.

SIGNIFICANCE

Background and significance of Bright Futures materials and principles: Bright Futures materials are designed in a way to be accessible to parents and non-professional caretakers, as well as health care professionals. Increasing access to health services is a priority of state health and political entities. Bright Futures guidelines provide a way to assess and improve the quality of the services, whether they are provided in a clinical setting, a school, or a community setting. Bright Futures also is an accessible and understandable way for child health workers to become familiar with stages of development, and the basics of mental health, oral health, physical activity, and nutrition. A need exists for practical training models and technical assistance to those starting to use Bright Futures.

SP # 6

PERFORMANCE MEASURE:

Percent of children 6-8 years old with dental caries experience in primary and permanent teeth.

STATUS:

Active

GOAL

Reduce the percent of children 6-8 years old with dental caries experience in primary and permanent teeth to the Healthy People 2010 goal of 42% (2005 baseline is 59%). Although the national goal will be sought, it is important to remember that Washington State children currently suffer substantially from dental decay as compared to the nation. The new state program has started to invest heavily in the promotion of water fluoridation and sealants to achieve the HP 2010 target.

DEFINITION

This is an on-going measure using data from the Washington State Smiles Survey.

Numerator:

Children 6-8 years old with dental caries experience in primary and permanent teeth

Denominator:

Children 6-8 years old

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

The Healthy People 2010 Objective for this measure is 42%

Related to Objective 21-1b: Reduce the proportion of children with dental caries experience in their primary and permanent teeth to 42%. (Baseline: 52% of children aged 6 to 8 years had dental caries experience in 1988-1994).

DATA SOURCES AND DATA ISSUES

In order to track the trend of decay experience in our children, the results of the Washington State Smile Survey 1994, 2000, 2005, 2010 will be utilized. Additionally, Washington State's new oral health surveillance system will also provide information. Through these data sources, better monitoring and information distribution about decay experience will take place.

SIGNIFICANCE

Dental caries experience in 6-8 years old is a well-known measure of oral health status. Its reduction has been recommended by the CDC, and is one of the objectives of the national Healthy People document. As progress is made, the heightened awareness and the identification of this new measure is very meaningful to Washington State. Challenges in the accomplishment of this measure include severe staff shortage for the past five years, and not being ranked well in the two most cost-effective preventive measures for dental decay: traditionally observed low rates of water fluoridation, and more recently, a decline in the use of school-based dental sealants. As a consequence, it is expected that Washington children will continue to suffer from substantial dental decay, as reflected in the results of the Smile Survey 2005. The new state oral health program is taking serious steps towards improving this situation, and it will take a lot of effort and partnerships to revert such a scenario. Despite these challenges, confidence remains that a difference and improvement in the lives of Washington children will be attained.

SP # 7

PERFORMANCE MEASURE:

Strengthen statewide system capacity to promote health, safety, and school readiness of children birth to kindergarten entry.

STATUS:

Active

GOAL

Strengthen statewide system capacity to promote health, safety, and school readiness of children birth to kindergarten entry.

DEFINITION

Identify and track OMCH activities that affect the health of young children, and integrate elements of Kids Matter plan into existing and new activities and groups. Healthy Child Care Washington, a system that supports child care health consultants, will become more integrated with Kids Matter through training of professionals and improving data collection, evaluation, and dissemination of knowledge gained.

Numerator:

The number of performance measure benchmarks Washington has reached to increase statewide system capacity to promote health, safety, and school readiness.

Denominator:

Total number of benchmarks. Please see Field Notes.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data will come from the Child and Adolescent Health Program.

SIGNIFICANCE

The Washington State Department of Health, Maternal and Child Health Office (MCH) has taken a comprehensive approach to building an integrated public health/child care/early childhood framework throughout Washington State in order to ensure the health and safety of the 60-70% of children under age 5 who are estimated to attend out-of-home care. This approach encompasses both the immediate physical needs of children as well as the developmental and emotional health in order to support children's readiness to learn at school entry. MCH activities have focused in five areas: Access to health, Childhood MCH, Early childhood education, and parental and family support. All of these MCH activities aim to provide training and resources to better understand the health status and provide for the developmental needs of children in child care/early childhood.

SP # 8

PERFORMANCE MEASURE:

Use an established framework for ensuring quality screening, identification, intervention, and care coordination for women, infants, children, adolescents, and their families.

STATUS:

Active

GOAL

This is a process measure to assess progress toward implementing a framework that can be used by any program within OMCH. The framework will provide guidance when embarking on a quality improvement (QI) project and will assist programs with tracking the course of the work they are doing relating to quality assurance or improvement. The intent is to establish a single framework and standard to which all programs are accountable and that they can use to guide their work.

DEFINITION

This is a new SPM This process measure is based on a list of all quality improvement initiatives in OMCH and determined by the percentage of those initiatives using the framework.

Numerator:

The numerator is the number of quality improvement initiatives actively using the established framework.

Denominator:

The denominator is derived from all active quality improvement initiatives underway in OMCH during a calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The measure is based on a list of all QI initiatives in OMCH and determined by the percentage of those initiatives using the framework. In each block grant cycle, sections will report on where their initiatives were, are, and plan to be within the matrix during the specified time periods.

SIGNIFICANCE

The intent is to establish a single framework and standard to which all programs are accountable and that they can use to guide their work. By instituting this as a process measure, OMCH is adopting a strategy that will help programs effectively make change and allow cross program collaboration and opportunities to collectively plan for allocating resources.

SP # 9

PERFORMANCE MEASURE:

Develop an outcome measure for the Washington State maternal and child health priority of Optimal Mental Health and Healthy Relationships.

STATUS:

Active

GOAL

Identify an outcome measure to represent the collective efforts of multiple sections in the Office of Maternal and Child Health toward optimal mental health and healthy relationships.

DEFINITION

This is a new SPM This is a process measure to track our progress toward the goal by setting benchmarks for significant milestones in the process toward developing an outcome measure. Each benchmark is weighted differently based on level of difficulty or length of time to complete. The timeline in which to achieve 100% completion is May 2008 to April 2009.

Numerator:

The numerator is the sum of all weighted percentages of the benchmarks completed.

Denominator:

The denominator is 100, representing 100% completion of all benchmarks.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Benchmarks 1)Complete a literature review to identify best practices for achieving specific desirable outcomes.(10%) 2) Identify existing mental health/healthy relationship activities (initiatives)being done in OMCH and identify any new activities that would be appropriate to add.(15%) 3)Determine if OMCH wants to adopt a specific theoretical model for promoting behavior change and use the model to help identify desired outcomes of the identified activities.(10%) 4)Determine short, intermediate, and long term outcomes for each activity.(15%) 5)Identify the short, intermediate, and long term outcomes for which OMCH has direct or primary influence.(10%) 6)Select an outcome, or create a composite outcome, for which OMCH has direct or primary influence.(15%) 7)Identify ways to measure the selected outcome, and if needed, develop the means to collect needed data or information.(15%) 8)Develop an evaluation process for mental health and healthy relationship initiatives.(10%)

SIGNIFICANCE

Identifying a single measure to reflect the work of several programs within the Office of Maternal and Child Health will help us align work across programs in the office and ensure that all programs working toward a common goal will have a measure that holds them accountable.

SP # 10

PERFORMANCE MEASURE:

Identify health disparities, develop and implement interventions to address disparities, and evaluate the effectiveness of interventions in achieving health equity.

STATUS:

Active

GOAL

Assess internal efforts to identify health disparities and work toward achieving health equity.

DEFINITION

This is a process measure based on a self assessment by each section in the Office of Maternal and Child Health of its efforts to reduce health disparities. It measures efforts to build infrastructure and capacity within OMCH to achieve health equity in the maternal and child population.

Numerator:

The numerator is the sum of the self-assessment scores from each section.

Denominator:

The denominator the total number of sections who completed a self assessment.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The measure is an average of scores from each section. For example, each section will conduct a self assessment and determine how many of the eight criteria it meets. Each section receives a score of 1, 2, or 3 depending on how many of the eight selected criteria it meets: 1 = meets <4 criteria; 2 = meets 4 to 7 of the criteria; 3 = meets all 8. The scores are averaged to reach an office-wide score. Please see field notes for the criteria.

SIGNIFICANCE

Setting standards and expectations for identifying and addressing health disparities will hold each section within the Office of Maternal and Child Health accountable to the "Health Equity" priority. Within the next one to years, we will identify or develop an outcome measure to reflect the combined efforts of all the sections.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

1. **Section Number:** State Performance Measure 10

Field Name: SPM10

Row Name:

Column Name:

Year: 2009

Field Note:

Criteria for self assessment (answers are "yes" or "no"):

- (a) The section collects and reports data on health indicators.
- (b) The section has identified at least one health disparity in the population(s) served by the section's programs.
- (c) Section personnel receive targeted training on understanding health disparities and strategies for achieving health equity.
- (d) The section's program personnel periodically review literature for best practices to reduce disparities for specific outcomes of interest to the program.
- (e) The section has one or more programs or activities to address identified health disparity(ies).
- (f) The section's programs addressing health disparities work with stakeholders and community members to develop and implement interventions. (If there is more than one program in the section addressing health disparities, at least half of them must be able to document that they work with communities in order for the section to answer "yes" regarding whether they meet this criterion.)
- (g) The section's programs addressing health disparities conduct evaluations to assess the effectiveness of the intervention to reduce the disparity. (If there is more than one program in the section addressing health disparities, at least half of them must be able to document that they conduct evaluations in order for the section to answer "yes" regarding whether they meet this criterion.)
- (h) The section holds contractors accountable for influencing factors that affect health equity (e.g. specific deliverables related to reducing health disparities are included in contracts). (If there is more than one contract in place, at least half of them must meet this criterion in order for the section to answer "yes" regarding whether they meet this criterion.)

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: WA

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>25.8</u>	<u>27.8</u>	<u>29.2</u>	<u>25.3</u>	<u>25.3</u>
Numerator	<u>1,029</u>	<u>1,113</u>	<u>1,187</u>	<u>1,042</u>	<u> </u>
Denominator	<u>399,183</u>	<u>400,939</u>	<u>405,992</u>	<u>412,285</u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

No data available.

2. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Data for this Health Systems Capacity Indicator (HSCI01) are gathered from the Comprehensive Hospital Abstract Reporting System (CHARS), Washington State's hospital discharge database. The numerator represents the number of hospital discharges for children less than 5 years of age who had a primary diagnosis of asthma (ICD-9 codes 493.0-493.9). The data was accessed using VISTAPHW software.

3. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2005

Field Note:

These data come from the Washington State Hospital Discharge database (CHARS) and are updated annually. The numerator represents the number of hospital discharges for children less than 5 years of age who had a primary diagnosis of asthma (ICD-9 codes 493.0-493.9). The denominator represents the number of children less than 5 years of age in Washington from Office of Financial Management.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>98.6</u>	<u>98.6</u>	<u>99.1</u>	<u>99.0</u>	<u>99</u>
Numerator	<u>32,487</u>	<u>35,011</u>	<u>36,986</u>	<u>38,087</u>	<u></u>
Denominator	<u>32,948</u>	<u>35,509</u>	<u>37,322</u>	<u>38,472</u>	<u></u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

2007 HEDIS data not yet available

2. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

These data are based on the Washington State 2006 HEDIS Report from the Department of Social and Health Services and reflect the estimated statewide proportion of children who turned 15 months old during the reporting year, who were enrolled from 31 days of age in Medicaid or SCHIP and who received at least one well child visit. Data from seven managed care plans (who serve approximately 70% of the Medicaid enrollees less than 15 months) contributed to this report. Children not covered by managed care plans include those on SSI, in foster care, and residents who live in counties without a managed care option. The 2006 HEDIS percentage was used as an estimate for 2007, since no new data are available.

3. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2005

Field Note:

Data: $36,986/37,322 = 99.1\%$

Note: These data are based on the Washington State 2005 HEDIS Report from the Department of Social and Health Services and reflect the estimated statewide proportion of children who turned 15 months old during the reporting year, who were enrolled from 31 days of age in Medicaid or SCHIP and who received at least one well child visit. Data from seven managed care plans (who serve approximately 70% of the Medicaid enrollees less than 15 months) contributed to this report. Children not covered by managed care plans include those on SSI, in foster care, and resident who live in counties without a managed care option. The 2005 HEDIS percentage was used as an estimate for 2006, since no new data are available.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (CHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	NaN	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	1	1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Data was unavailable for 2007. Provisional data report approximately 189 children less than 15 months of age during the reporting year who were covered by the State Children's Health Insurance Plan. However, we don't expect to be able to report on this measure for 2007 because data specific to CHIP enrollees are not available through HEDIS for this age group. Washington CHIP covers from 200 to 250% of the poverty level.

2. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

HEDIS Data was unavailable for 2006. In 2006 there were approximately 180 children less than 15 months during the reported year who were covered by the State Children's Health Insurance Plan. However, we don't expect to be able to report on this measure for 2006 because data specific to CHIP enrollees are not available through HEDIS for this age group. Washington CHIP covers from 200 to 250% of the poverty level.

3. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2005

Field Note:

The data from the previous years reflects all CHIP enrollees, not just children less than 1 year. In 2005, there were approximately 255 children less than 15 months during the reporting year who were covered by the State Children's Health Insurance Plan. A little over half of these children were enrolled in managed care plans. Their well child experience is included in the Washington State 2005 HEDIS Report from the Department of Social and Health Services. Because data specific to the CHIP enrollees are not available through HEDIS for this age group, we are currently unable to report on this measure. Washington CHIP covers from 200 to 250% of the poverty level.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		Annual Indicator Data			
	2003	2004	2005	2006	2007
Annual Indicator	66.3	61.6	68.0	66.3	65.7
Numerator	41,128	41,243	43,866	47,222	
Denominator	62,080	66,926	64,482	71,244	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data not yet available.

2. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2006**Field Note:**

These data were obtained from the First Steps Database, Washington State Department of Social and Health Services, and are gathered from 2006 Washington State Birth Certificate Files.

The numerator represents the number of resident women (ages 15-44) with a live birth whose Adequacy of Prenatal Care Utilization index is greater than or equal to 80%. The denominator represents all resident women (ages 15-44) with a live birth during the reporting year.

3. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2005**Field Note:**

Assessment of prenatal care entry is based on information collected on the birth certificate. The numerator represents the number of resident women (ages 15-44) with a live birth whose Adequacy of Prenatal Care Utilization index is greater than or equal to 80%. The denominator represents all resident women (ages 15-44) with a live birth during the reporting year.

In 2003, WA began using a new birth certificate based on the 2003 US Standard Birth Certificate. The National Center for Health Statistics (NCHS) indicates that, "the 2003 revision of the birth certificate introduced substantive changes in item wording and also to the sources of prenatal information....Accordingly, prenatal care data for the two revisions are not comparable."

Because of the birth certificate change in 2003, approximately 18% of the data now fall outside the range of acceptable weight (400-6000 grams) or are missing the number of prenatal care visits and month prenatal care visits began. As a result of the high rate of missing data, it is difficult to ascertain whether the observed indicator represents an actual change in practice or is the result of lack of complete reporting.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>88.9</u>	<u>86.5</u>	<u>87.3</u>	<u>88.0</u>	<u>88</u>
Numerator	<u>605,313</u>	<u>600,174</u>	<u>590,014</u>	<u>593,536</u>	<u></u>
Denominator	<u>681,046</u>	<u>694,133</u>	<u>676,232</u>	<u>674,373</u>	<u></u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data not yet available

2. Section Number: Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

2005 Indicator – 88.0%

Numerator - 593536

Denominator - 674373

Technical Note: The source of these data is the Client Services Database (CSDB), Research Data and Analysis, Washington State Department of Social and Health Services; and Office of Financial Management (OFM). The numerator represents clients aged 1 to 21 years who are receiving medical assistance; it includes both managed care and fee for service clients. The data in the denominator are the total number of medically eligible clients aged 1 to 21 years old.

*SCHIP children are included in managed care

*Data is gathered from the CSDB (Client Service Database), which does not get medical managed care encounter information. Therefore it does not measure the types of services received for children enrolled in managed care. Being on a managed care plan counts as 'receiving medical services', possibly because dollars were expended for their premium payment.

Medically Eligible Title XIX description:

Clients who are eligible to receive medical services for which the state receives federal Title XIX matching funds. Title XIX of the Social Security Act funds:

(1) medical assistance on behalf of families with dependent children, whose income and resources are insufficient to meet the costs of necessary medical services, and of aged, blind, or disabled individuals.

(2) rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.

3. Section Number: Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 Indicator – 87.3%

Numerator - 590014

Denominator - 676232

Technical Note: The source of these data is the Client Services Database (CSDB), Research Data and Analysis, Washington State Department of Social and Health Services; and Office of Financial Management (OFM). The numerator represents clients aged 1 to 21 years who are receiving medical assistance; it includes both managed care and fee for service clients. The data in the denominator are the total number of medically eligible clients aged 1 to 21 years old.

*SCHIP children are included in managed care

*Data is gathered from the CSDB (Client Service Database), which does not get medical managed care encounter information. Therefore it does not measure the types of services received for children enrolled in managed care. Being on a managed care plan counts as 'receiving medical services', possibly because dollars were expended for their premium payment.

Medically Eligible Title XIX description:

Clients who are eligible to receive medical services for which the state receives federal Title XIX matching funds. Title XIX of the Social Security Act funds:

(1) medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services, and

(2) rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>55.0</u>	<u>53.9</u>	<u>56.5</u>	<u>57.0</u>	<u>59.1</u>
Numerator	<u>74,122</u>	<u>72,821</u>	<u>73,259</u>	<u>76,404</u>	<u>78,397</u>
Denominator	<u>134,749</u>	<u>135,052</u>	<u>129,672</u>	<u>133,948</u>	<u>132,761</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

These data come from the Department of Social and Health Services Medical Assistance Administration. The numerator represents the number of Medicaid enrolled children 6-9 who received any dental service in 2007. The denominator represents the total number of children ages 6-9 enrolled in Medicaid in 2007, in both Healthy Options (the MAA managed care program) and fee-for-service.

These data are provisional.

2. **Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

These data come from the Department of Social and Health Services Medical Assistance Administration. The numerator represents the number of Medicaid enrolled children 6-9 who received any dental service in 2006. The denominator represents the total number of children ages 6-9 enrolled in Medicaid in 2006, in both Healthy Options (the MAA managed care program) and fee-for-service.

In 2006 the rate of EPSDT eligible children who received dental services during the year was 57.0 %, an increase over prior years, following a slightly increasing trend evident since 2000. These data are gathered from the DSHS Health and Recovery Services Administration (HRSA).

3. **Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2005

Field Note:

These data come from the Department of Social and Health Services Medical Assistance Administration. The numerator represents the number of Medicaid enrolled children 6-9 who received any dental service in 2005. The denominator represents the total number of children ages 6-9 enrolled in Medicaid in 2005, in both Healthy Options (the MAA managed care program) and fee-for-service.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	10.3	7.7	6.1	5.9	5.5
Numerator	1,171	910	875	897	860
Denominator	11,418	11,893	14,300	15,217	15,720
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2007**Field Note:**

The sources of these data are the Washington State CSHCN Child Health Intake Form (CHIF) database and the Federal Social Security Administration (SSA). The numerator is the unduplicated number of children under the age of 18 with a CHIF form completed indicating they have SSI coverage in 2007 (860). The age of 18 is used as SSA does not report numbers under age 16 separately. The denominator is from state-specific data from Children Receiving SSI, 2007. In Washington, this target is set low because Medicaid provides extensive benefits and the CSHCN program is the payor of last resort.

2. Section Number: Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2006**Field Note:**

The sources of these data are the Washington State CSHCN Child Health Intake Form (CHIF) database and the Federal Social Security Administration. The numerator is the unduplicated number of children under the age of 18 with a CHIF form completed indicating they have SSI coverage in 2006 (897). The denominator is from state-specific data from Children Receiving SSI, 2006. In Washington, this target is set low because Medicaid provides extensive benefits and the CSHCN program is the payor of last resort.

This data reflects children under the age of 18 instead of under the age of 16, because the SSI releases data with this cutoff. Therefore, any adjustment would only be a crude estimation.

3. Section Number: Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2005**Field Note:**

The sources of these data are the Washington State CSHCN Child Health Intake Form (CHIF) database and the Federal Social Security Administration. The numerator is the unduplicated number of children under the age of 18 with a CHIF form completed indicating they have SSI coverage in 2005 (875). The denominator is from state-specific data from Children Receiving SSI, 2005. In Washington, this target is set low because Medicaid provides extensive benefits and the CSHCN program is the payor of last resort.

This data reflects children under the age of 18 instead of under the age of 16, because the SSI releases data with this cutoff. Therefore, any adjustment would only be a crude estimation. It is not possible to get an accurate percentage estimation for the gap between ages 16 and 18.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: WA

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2006	Matching data files	<u>7.1</u>	<u>5.9</u>	<u>6.5</u>
b) <i>Infant deaths per 1,000 live births</i>	2005	Matching data files	<u>5.6</u>	<u>4.1</u>	<u>4.8</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2006	Matching data files	<u>68.4</u>	<u>87.7</u>	<u>78.6</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2006	Matching data files	<u>59.6</u>	<u>72.3</u>	<u>66.3</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: WA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2006	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2006	<u>200</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2006	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: WA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2006	<u>250</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2006	<u>250</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2006	<u> </u>

FORM NOTES FOR FORM 18

HSCI5: Comparison of health indicators for Medicaid, non-Medicaid, and all populations in the State

These data reflect the infant mortality rate for the 2005 Medicaid birth cohort. Thus, the number is based on the number of Medicaid and non-Medicaid infants born in 2005 who died in their infancy (so the death may have occurred in 2005 or in 2006). The overall number for this HSI differs from the CY 2006 period infant mortality rate for outcome measure #01. Outcome measure 01 is a period mortality rate and reflects the total number of infant deaths during CY2006 divided by the total number of live births in CY 2006.

The percent of missing data (unknown and excluded) for the Medicaid and Non-Medicaid comparisons are: LBW: 0.3 % Medicaid, 0.3% Non-Medicaid; First trimester PNC: 12.1% Medicaid, 13.1% Non-Medicaid, Adequate PNC: 16.5% Medicaid and 16.7% non-Medicaid.

HSCI6: The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants (0 to 1), children, and pregnant women

The source of these data is the Washington State Poverty Guidelines. The source for SCHIP eligibility comes from the Model Application Template For State Child Health Plan under Title XXI of the Social Security Act State Children's Health Insurance Program. SCHIP eligibility should read 201 to <=250.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - SCHIP

Field Name: SCHIP_Women

Row Name: Pregnant Women

Column Name:

Year: 2009

Field Note:

SCHIP eligibility applies to children only

2. **Section Number:** Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2009

Field Note:

The overall number for this HSI differs from the CY 2006 period infant mortality rate for outcome measure #01. Outcome measure 01 is a period mortality rate and reflects the total number of infant deaths during CY2006 divided by the total number of live births in CY 2006.

3. **Section Number:** Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2009

Field Note:

These data come from a different source than do those reported in NPM 18.

4. **Section Number:** Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2009

Field Note:

These data come from a different source than do those reported in HSCI 04.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: WA

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: WA

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Other: Healthy Youth Survey	3	Yes

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

Annual Data Linkages:

The Department of Health initiated an internal data sharing agreement to link the WIC eligibility files with the PRAMS survey data and the birth certificates for 1999-2001. MCH has access to the WIC linked data. There are tentative plans to repeat this linkage in future years.

Washington does not link the birth certificate file to the newborn screening file. However, the newborn screening program does receive copies of the birth records from facilities and uses that information to monitor the children screened, and assures that children have access to treatment as necessary. Over 97% of children born in Washington are screened using this methodology.

Although MCH does not have direct access to the Medicaid and newborn screening data, we have a strong history of collaboration with our partners to obtain data needed for program planning.

Registries and Surveys: Washington has a passive birth defects surveillance system (BDSS) based on hospital discharge data. The BDSS is working on improving compliance with reporting requirements, enhancing data validation efforts, and boosting the data linkage to birth, fetal death and death certificates. While Washington participates in the national YRBS if sampled, we do not do a state YRBS. Instead Washington administers its own youth survey, the Healthy Youth Survey (HYS), to students in Grades 6, 8, 10 and 12 every two years. This is a collaborative effort with other state agencies including the Department of Health, the Office of the Superintendent of Public Instruction, the department of Social and Health Service's Division of Alcohol and Substance Abuse and other agencies. Most of the survey questions come from national youth surveys such as the YRBS, Youth Tobacco Survey and the Monitoring the Future survey. The HYS will be administered next in Fall 2008.

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: WA

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2003	2004	<u>Annual Indicator Data</u>		2007
	2005	2006			
Annual Indicator	6.0	6.2	6.1	6.5	
Numerator	4,857	5,063	5,040	5,659	
Denominator	80,482	81,715	82,625	86,845	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. Section Number: Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

No data available for 2007

2. Section Number: Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Data trends have shown an increase since 1999, in part due to the increase in multiple births. However, the singleton LBW rate has also increased steadily. This rate is determined by (the number of live births weighing less than 2500 grams divided by the total number of resident live births)*1000. The source for these data are 2005 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

3. Section Number: Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2005

Field Note:

Data trends have shown a slight increase since 1999, most likely due to the increase in multiple births. This rate is determined by (the number of live births weighing less than 2500 grams divided by the total number of resident live births)*1000. The source for these data are 2005 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data				
		2003	2004	2005	2006	2007
Annual Indicator		<u>4.6</u>	<u>4.8</u>	<u>4.7</u>	<u>5.0</u>	<u>5</u>
Numerator		<u>3,594</u>	<u>3,805</u>	<u>3,765</u>	<u>4,213</u>	
Denominator		<u>78,029</u>	<u>79,268</u>	<u>80,109</u>	<u>84,081</u>	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

No data available for 2007

2. Section Number: Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data trends have shown relatively flat rates since 1999. This rate is determined by (the number of singleton live births weighing less than 2500 grams divided by the total number of resident singleton live births)*1000. The source for these data are 2006 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

3. Section Number: Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data trends have shown relatively flat rates since 1999. This rate is determined by (the number of singleton live births weighing less than 2500 grams divided by the total number of resident singleton live births)*1000. The source for these data are 2005 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2003	2004	2005	2006	2007
Annual Indicator	<u>1.0</u>	<u>1.1</u>	<u>0.9</u>	<u>1.0</u>	<u>1</u>
Numerator	<u>809</u>	<u>870</u>	<u>750</u>	<u>872</u>	
Denominator	<u>80,482</u>	<u>81,715</u>	<u>82,625</u>	<u>86,845</u>	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data not yet available

2. Section Number: Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

While it is not visible in the rates presented, the total VLBW increased an average 1.3% per year since 1990. This rate is determined by (the number of live births weighing less than 1500 grams divided by the total number of resident live births)*1000. The source for these data are 2005 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

3. Section Number: Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data trends have shown relatively stable rates since 1999, with a flattening around 1.0. This rate is determined by (the number of live births weighing less than 1500 grams divided by the total number of resident live births)*1000. The source for these data are 2005 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
		2003	2004	2005	2006	2007
Annual Indicator		0.8	0.8	0.7	0.8	0.8
Numerator		596	657	568	652	
Denominator		78,029	79,268	80,109	84,081	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data not yet available.

2. Section Number: Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Singleton VLBW rates show no clear trend. This rate is determined by (the number of singleton live births weighing less than 1500 grams divided by the total number of resident singleton live births)*1000. The source for these data are 2005 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

3. Section Number: Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data trends have shown relatively stable rates since 1999, with a flattening around 1.0. This rate is determined by (the number of singleton live births weighing less than 1500 grams divided by the total number of resident singleton live births)*1000. The source for these data are 2005 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>7.2</u>	<u>8.6</u>	<u>7.3</u>	<u>6.7</u>	<u>6.7</u>
Numerator	<u>90</u>	<u>108</u>	<u>92</u>	<u>85</u>	<u></u>
Denominator	<u>1,256,446</u>	<u>1,257,310</u>	<u>1,259,643</u>	<u>1,270,785</u>	<u></u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data not yet available

2. **Section Number:** Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of unintentional injury death among children 14 years and younger divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2005

Field Note:

The rate is determined by (the number of unintentional injury death among children 14 years and younger divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>2.9</u>	<u>1.8</u>	<u>3.1</u>	<u>1.7</u>	<u>1.7</u>
Numerator	<u>36</u>	<u>23</u>	<u>39</u>	<u>21</u>	<u></u>
Denominator	<u>1,256,446</u>	<u>1,257,310</u>	<u>1,259,643</u>	<u>1,270,785</u>	<u></u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data not yet available.

2. **Section Number:** Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of unintentional injury death among children 14 years and younger due to motor vehicle crashes divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2005

Field Note:

The rate is determined by (the number of unintentional injury death among children 14 years and younger due to motor vehicle crashes divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>18.3</u>	<u>19.6</u>	<u>17.8</u>	<u>21.7</u>	<u>21.7</u>
Numerator	<u>159</u>	<u>173</u>	<u>160</u>	<u>200</u>	<u></u>
Denominator	<u>867,887</u>	<u>882,550</u>	<u>898,864</u>	<u>921,059</u>	<u></u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data not yet available.

2. **Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of unintentional injury death among children ages 15 to 24 years divided by children ages 15 to 24 years). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2005

Field Note:

The rate is determined by (the number of unintentional injury death among children ages 15 to 24 years divided by children ages 15 to 24 years). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	142.5	157.9	180.2	162.9	162
Numerator	1,791	1,985	2,271	2,070	
Denominator	1,256,434	1,257,287	1,260,009	1,270,785	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data not yet available.

2. **Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of nonfatal injuries among children 14 years and younger divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

From 1999 - 2003, the non-fatal hospitalization rate for children and youth ages 0-14 declined significantly. However, in 2004 and 2005, the rates were higher than in 2002 and 2003. In 2006 the rates showed a decline.

3. **Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2005

Field Note:

The rate is determined by (the number of nonfatal injuries among children 14 years and younger divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

From 1999 - 2003, the non-fatal hospitalization rate for children and youth ages 0-14 declined significantly. However, in 2004 and 2005, the rates were higher than in 2002 and 2003. Although this is only two years of data, it will be monitored closely.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	19.0	19.2	19.4	17.2	17.2
Numerator	239	241	244	218	
Denominator	1,256,446	1,257,310	1,259,643	1,270,785	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data not yet available.

2. **Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of nonfatal injuries due to motor vehicle crashes among children 14 years and younger divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2005

Field Note:

The rate is determined by (the number of nonfatal injuries due to motor vehicle crashes among children 14 years and younger divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	99.6	108.2	113.5	106.0	106
Numerator	864	955	1,020	976	
Denominator	867,887	882,550	898,864	921,059	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data not yet available.

2. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of nonfatal injuries due to motor vehicle crashes among children ages 15 through 24 divided by children ages 15 through 24). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2005

Field Note:

The rate is determined by (the number of nonfatal injuries due to motor vehicle crashes among children ages 15 through 24 divided by children ages 15 through 24). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>22.7</u>	<u>22.6</u>	<u>22.7</u>	<u>21.1</u>	<u>21.3</u>
Numerator	<u>4,865</u>	<u>4,873</u>	<u>4,990</u>	<u>4,717</u>	<u>4,859</u>
Denominator	<u>214,010</u>	<u>216,028</u>	<u>219,516</u>	<u>223,862</u>	<u>227,994</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

The rate is determined by (the number of women ages 15 through 19 with a reported case of Chlamydia divided by women aged 15 through 19). The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

2. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of women ages 15 through 19 with a reported case of Chlamydia divided by women aged 15 through 19). The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2005

Field Note:

The rate is determined by (the number of women ages 15 through 19 with a reported case of Chlamydia divided by women aged 15 through 19). The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>6.4</u>	<u>6.9</u>	<u>7.3</u>	<u>7.1</u>	<u>7.7</u>
Numerator	<u>6,962</u>	<u>7,521</u>	<u>7,960</u>	<u>7,857</u>	<u>8,545</u>
Denominator	<u>1,084,663</u>	<u>1,085,707</u>	<u>1,089,135</u>	<u>1,102,129</u>	<u>1,113,192</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

The rate is determined by (the number of women ages 20 through 44 years with a reported case of Chlamydia divided by women aged 20 through 44 years). The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

2. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of women ages 20 through 44 years with a reported case of Chlamydia divided by women aged 20 through 44 years). The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2005

Field Note:

The rate is determined by (the number of women ages 20 through 44 years with a reported case of Chlamydia divided by women aged 20 through 44 years). The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? Yes Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	81,404	64,866	3,524	1,669	4,332	480	6,533	0
Children 1 through 4	330,868	264,945	14,547	6,977	18,689	2,008	23,702	0
Children 5 through 9	418,716	340,824	18,411	9,186	22,614	2,583	25,098	0
Children 10 through 14	439,798	361,752	18,777	10,118	24,131	2,619	22,401	0
Children 15 through 19	459,180	377,420	18,517	9,968	29,567	3,030	20,678	0
Children 20 through 24	461,598	378,869	19,786	9,191	33,673	3,318	16,761	0
Children 0 through 24	2,191,564	1,788,676	93,562	47,109	133,006	14,038	115,173	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	66,321	15,084	0
Children 1 through 4	276,146	54,721	0
Children 5 through 9	356,169	62,547	0
Children 10 through 14	390,182	49,615	0
Children 15 through 19	407,704	51,478	0
Children 20 through 24	403,378	58,220	0
Children 0 through 24	1,899,900	291,665	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	80	63	4	8	0	0	5	0
Women 15 through 17	2,040	1,652	101	106	35	24	122	0
Women 18 through 19	4,989	4,078	291	173	111	53	283	0
Women 20 through 34	65,332	53,658	2,666	1,258	5,075	623	2,052	0
Women 35 or older	13,549	10,873	489	148	1,646	96	297	0
Women of all ages	85,990	70,324	3,551	1,693	6,867	796	2,759	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	33	49	0
Women 15 through 17	1,255	807	0
Women 18 through 19	3,608	1,438	0
Women 20 through 34	53,974	11,947	0
Women 35 or older	12,139	1,540	0
Women of all ages	71,009	15,781	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	406	302	25	17	20	8	26	8
Children 1 through 4	67	56	3	3	1	0	4	0
Children 5 through 9	41	34	5	1	0	0	1	0
Children 10 through 14	57	47	2	2	4	0	2	0
Children 15 through 19	260	198	16	21	13	5	7	0
Children 20 through 24	384	311	22	24	16	6	5	0
Children 0 through 24	1,215	948	73	68	54	19	45	8

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	318	88	0
Children 1 through 4	55	12	0
Children 5 through 9	39	2	0
Children 10 through 14	49	8	0
Children 15 through 19	221	39	0
Children 20 through 24	339	45	0
Children 0 through 24	1,021	194	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Final

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,730,248	1,392,340.0	76,670.0	37,584.0	120,159.0	0.0	103,495.0	0.0	2006
Percent in household headed by single parent	24.8	20.1	50.0	41.6	11.3	37.6	32.0	0.0	2006
Percent in TANF (Grant) families	9.5	5.6	21.4	11.5	4.5	0.0	0.0	0.0	2007
Number enrolled in Medicaid	690,967	346,254.0	37,625.0	14,586.0	28,269.0	0.0	135,913.0	128,320.0	2006
Number enrolled in SCHIP	20,542	11,517.0	491.0	570.0	1,355.0	0.0	2,754.0	3,855.0	2006
Number living in foster home care	11,245	5,734.0	741.0	814.0	78.0	0.0	3,695.0	183.0	2006
Number enrolled in food stamp program	347,729	176,916.0	26,388.0	8,709.0	11,911.0	0.0	79,047.0	44,758.0	2006
Number enrolled in WIC	235,871	135,392.0	15,155.0	39,110.0	9,061.0	3,218.0	33,935.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	2,025.0	2,085.0	4,947.0	3,342.0	802.0	0.0	0.0	0.0	2005
Percentage of high school drop-outs (grade 9 through 12)	5.1	4.4	7.0	10.2	3.3	0.0	0.0	0.0	2005

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,479,857.0	250,391.0	0.0	2006
Percent in household headed by single parent	21.9	25.4	0.0	2006
Percent in TANF (Grant) families	7.9	16.4	0.0	2006
Number enrolled in Medicaid	469,540.0	150,818.0	70,609.0	2006
Number enrolled in SCHIP	13,625.0	3,681.0	3,236.0	2006
Number living in foster home care	9,385.0	1,826.0	34.0	2006
Number enrolled in food stamp program	248,099.0	82,454.0	17,167.0	2006
Number enrolled in WIC	145,379.0	89,492.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	1,203.0	0.0	2005
Percentage of high school drop-outs (grade 9 through 12)	0.0	8.3	0.0	2005

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	1,167,447
Living in urban areas	14,016,585
Living in rural areas	171,691
Living in frontier areas	124,554
Total - all children 0 through 19	14,312,830

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	6,375,492.0
Percent Below: 50% of poverty	9.1
100% of poverty	15.9
200% of poverty	39.8

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,742,525.0
Percent Below: 50% of poverty	11.4
100% of poverty	18.7
200% of poverty	35.2

FORM NOTES FOR FORM 21

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002-2003.

Notes:

HSI 06A & 06B: The source of this demographic data are the 2006 population data from the Software for Public Health Assessment (VistaPHw); Analysis Software: Public Health - Seattle & King County, Epidemiology, Planning & Evaluation. It does not provide the specified breakdowns in these age groups of Other and Unknown or Ethnicity Not Reported.

HSI 07A & 07B: The source of this data is the Washington State Center for Health Statistics. Counts reflect the number of live births whose mothers fell into the indicated age category; women with multiple births are counted more than once. Counts do not include women with a live birth whose age was unknown.

HSI 08A & 08B: The 2005 Death Certificate now includes the field of "more than one race reported". The source of this data is the Washington State Center for Health Statistics, Death Files.

HSI 10: Census 2000 data was used for this data.

HSI 11 & 12: Data were gathered from the 2006 Washington State Population Survey, Office of Financial Management Forecasting Division FPL is determined by using Family Income as a measure.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2009
Field Note:
Asian includes Native Hawaiian or Other Pacific Islander
2. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2009
Field Note:
No data available for Other/Unknown.
3. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2009
Field Note:
Asian includes Native Hawaiian or Other Pacific Islander
4. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2009
Field Note:
Asian includes Native Hawaiian or Other Pacific Islander
5. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2009
Field Note:
Asian includes Native Hawaiian or Other Pacific Islander
6. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2009
Field Note:
Asian includes Native Hawaiian or Other Pacific Islander
7. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2009
Field Note:
Federal Guidelines issued by US Department of Agriculture have changed to include persons from Latin America who claim to maintain tribal affiliation or community attachment with an indigenous group as American Indian or Alaska Native. Changes in the proportion claiming this racial group may be noted as a result.
8. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2009
Field Note:
Asian includes Native Hawaiian or Other Pacific Islander
9. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2009
Field Note:
Asian includes Native Hawaiian or Other Pacific Islander

No new data to report for 2006. 2005 data reported

10. **Section Number:** Indicator 09B

Field Name: HSIEthnicity_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2009

Field Note:

No data available for "Ethnicity not Reported".

11. **Section Number:** Indicator 09B

Field Name: HSIEthnicity_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2009

Field Note:

No data available for "Ethnicity not Reported".

12. **Section Number:** Indicator 09B

Field Name: HSIEthnicity_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2009

Field Note:

No new data to report for 2006. 2005 data reported.

No data available for "Ethnicity not Reported".

13. **Section Number:** Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2009

Field Note:

Asian includes Native Hawaiian or Other Pacific Islander